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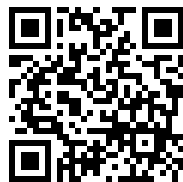
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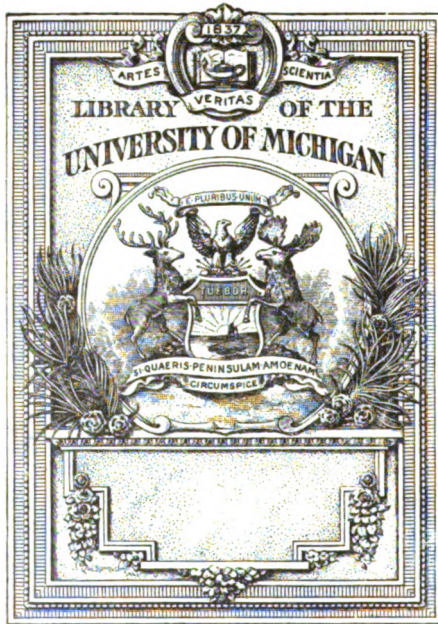
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INDEX TO VOLUME I.

- Acne treatment, 35.
Aconite in loquacity, 406.
Aconite in pneumonia, 27.
Actea racemosa, verification of symptoms of, 398.
Antimonium crud in conjunctivitis with clear urine, 444.
Antimonium crud in polyuria, cured by, 229.
Aneurism, medicine vs., 124.
Aneurism. Secale in, 48.
Argentum cases, 87.
Arnica, some characteristics of, 448.
Ascarides, 286.
Asparagus urine, 101.
Arsenicum, cerebro-spinal meningitis cured by, 303.
Arsenicum in emaciation in children, 228.
Atrophy of the testicles from Iodide of potassium, 97.
Atropia, Strychnine poisoning cured by, 231.
- Babies, save the, 107.
Baby, a large, 452.
Baryta, physiological effects of, 135.
Belladonna, heart effects of, 56.
Benzoic acid and Bismuth, heart effects of, 98.
Biliousness and its treatment, 473.
Biographical, Geo. E. Shipman, M. D., 60.
Biographical, J. P. Dake, M. D., 159.
Births, management of plural, 104.
Bismuth and Benzoic acid, heart effects of, 98.
Bloodless operations, 42.
Book Department, 62, 111, 202, 283, 328, 410.
Bovista and Bromide, heart effects of, 148.
Bovista in urticaria, 302.
- Bromide and Bovista, heart effects of, 148.
Bryonia in pneumonia, 27.
- Calc. chlor. in diphtheria, 223, 437.
Cancer, 318.
Cancer constitutional, 189.
Cancer, Carbolic acid in, 94.
Cancer, discussion on, 192, 534.
Cancer, scrofula, and gravel curable with remedies, 315.
Cancer, some facts about, 43.
Cancer, treatment of, 34.
Carbo veg. in typho-malarial fever, 347.
Carbolic cautery vs. Nævus, 48.
Carbolic acid in cancer, 94.
Catalepsy, Lachesis cures, 141.
Cataract, 93.
Catarrh epidemic, discussion on, 351.
Chamomilla high vs. low, 228.
Chill, Mercurius sol., 101.
Chloride of lime in diphtheria, 174.
Cholera and plague in the Orient, 236.
Cholera in India, 484.
Choleraic epidemic in Tennessee, 23.
Climatology, 531.
Clinical medicine, coming report, 30.
Colic, Nux mosch., 101.
Conjunctivitis with clear urine, Antimonium crud in, 444.
Compression, rubber roller, 48.
Constipation, obstinate, 390.
Constipation, cases of, 439.
Consumptives' Home, report of, 407.
Convulsions, puerperal, 436.
Copper, physiological action of, 86.
Cough, Lycopodium, 89.
Croup, 174.
Croup, steam inhalations in, 438.
Cuprum cases, 85.

- Debility, post pneumonia, 107.
 Diabetes, case of, 169.
 Diabetes mellitus, that case of, 337.
 Diabetes, Plumbum in, 128.
 Diagnosis, useless, illustrated, 90, 338.
 Diarrhœa, 221.
 Diphtheria, 224.
 Diphtheria, Chloride of lime in, 174.
 Diphtheria, experience with, 511.
 Diphtheria, Liquor calcis chlorinate in, 223, 437.
 Diphtheria, Nitric acid symptoms in, 223.
 Diphtheria, treatment of, 125.
 Diphtheria, typhoid, 386.
 Diphtheritic record, a 511.
 Diphtheritis, 433.
 Dose, size and repetition, 542.
- Eczema and small-pox, discussion on, 35.
 Electric current, Homœopathicity of, 141, 195, 236.
 Electricity, medical and surgical, 410.
 Electricity, value of, 456, 532.
 Electro-chemical, explanations, the, 132.
 Emaciation in children, Arsenicum in, 228.
 Emphysema, general, from rupture of the trachea, 320.
 Enteritis, gastro, and dysentery, 171.
 Epidemics and epidemic diseases, 537.
 Epilepsy, cases of, 267.
 Epilepsy, caused by neuroma, 41.
 Epilepsy, Lachesis in, 30.
 Epilepsy, that case of, 336.
 Epilepsy, the seton a cure, 194.
 Epilobium pal, effects of, 325.
 Erysipelas, a case of, 168.
 Erysipelas and childbed fever, 102.
 Esmarch's method, 272.
 Eucalyptus as a hygienist, 522.
 Eye cures, characteristic, 96.
 Eye tooth and the eye, 442.
- Fever, erysipelas and childbed, 112.
 Fever, hay, 29, 124, 225.
 Fever, hay, cure for, 385.
 Fever, infantile remittent, 534.
 Fever in London; 22.
 Fever, intermittent, 435.
 Fever, rheumatic, 349.
 Fever, scarlet, 173.
 Fever, scarlet, observations on in Europe, 215.
 Fever, typho-malarial, 138, 260, 347.
 Fever, typhoid, 173.
- Fistula in ano, 276.
 Food, discussion on Horlick's, 183.
 Food for children, a new, 106.
 Foundlings' Home, the Chicago, 108.
- Gelsemium vs. Sanguinaria can. headache, 450.
 Glass, medical use of colored, 52.
 Glossitis vs. Œdema of the tongue, 519.
 Goitre, and ganglion—Silicea effects, 136.
 Goitre, Salix niger in, 326.
 Gonorrhœa, treatment of, 432.
 Gravel, cancer, and scrofula curable with remedies, 315.
 Growing pains—footache, 363, 524.
 Growing pains, remedies for, 405, 451.
 Gynæcological, 102, 185, 309, 399, 486.
 Gynæcology, progress of, 102, 486.
- Hæmorrhage from musk, 101.
 Hæmorrhage from the bowels, 393.
 Hæmorrhage, oil preventing, 106.
 Hæmorrhage, remedies for, 140.
 Hæmorrhoids, case of, 389.
 Headache, chronic sick, 341.
 Headache, chronic sick, remedy for, 440.
 Headache, Gelsemium vs. Sanguinaria can., 450.
 Headache, with characteristic indications, 343, 378, 426, 469.
 Hepar and Silicea, physiological action of, 137.
 Hernia, Strangulated, a case of, 393.
 Hip joint, disease of, 392.
 Homœopathy in Michigan, 409, 494.
 Homœopathy, how not to advance true, 483.
 Homœopathy more curative than other systems, 254, 295.
 Hydrocephalus, hemlock sweat in acute, 437.
 Hydrophobia, a new remedy for, 450.
 Hygienic treatment of biliousness, 480.
 Hyperæsthesia, 198.
 Hypericum perf, spinal irritation cured by, 227.
 Hypertrophy of the heart, 123.
 Hysterotomie, 185.
- Illiberality 383.
 Insanity, a case of, 336.
 Instinct of a child should be regarded, 108.
 Iris symptoms, 101.
 Iris vers. vs. Pepsin, 229.

- Kreosotum** cough, 386.
Labor, artificial aid in, 501.
Lachesis cures catalepsy, 141.
Lachesis in epilepsy, 30.
Lachesis in sore throat, 222.
Lapis albus for indurated mamma, 214.
Lapis albus vs. Silico fluoride of calcium, 146.
Ligature, the rubber, 43.
Liquor calcis chlorinate in diphtheria, 223.
Lizard per anum, 78.
Loquacity, Aconite in, 406.
Lycopodium in pneumonia, 28.
Lycopodium in sore throat, 222.
Materia Medica, 50, 98, 141, 195, 236, 282, 325, 360, 394, 446, 522.
Materia Medica, Allen's encyclopædia, 62.
Medical pedantry, a hint about, 96.
Medical ropes, 453.
Medicine and surgery, text book of, 111.
Medicine, how does Homœopathic act, 130, 339.
Medico-legal, 230, 278, 367, 409, 452, 494.
Medomania, pathology and treatment, 64.
Megarrhiza oregana, 201.
Meningitis, cerebro-spinal, cured by Arsenicum, 303.
Mercurius protoid and binoid in sore throat, 222.
Mercurius sol. chill, 101.
Miscellaneous, 67, 117, 164, 208, 291, 331, 373, 421, 463.
Mezereum indications, 469.
Morbus coxarius, case of, 264.
Morphine effects, 224.
Morphine, eye effects of, 360.
Morphine, poisoning by, 282.
Mortification, 187.
Musk, hæmorrhage from, 101.
Natrum mur cases, 229.
Necrosis of the tibia, 155.
Necrosis, Silicea in, 228.
Nerves in teeth, to destroy, 96.
Neuroma, epilepsy caused by, 41.
News, 65, 113, 162, 204, 247, 287, 328, 370, 414, 459, 505.
Nitrate of amyl, remarkable effects of, 361.
Nœvus, Carbolic cautery, 48.
Nux mosch colic, 101.
Neuralgia, intermittent, that case of, 484.
Nutrition, is sex determined by, 105.
Obstetric surgery, 65.
Obstetrical, 104, 311, 536.
Edema of the tongue, 441, 520.
Edema of the tongue vs. glossitis, 519.
Œsophagus, congenital malformation of, 490.
Oil preventing hæmorrhage, 106.
Ophthalmic comments, some, 92, 152.
Ophthalmic type and paper, 97.
Ovarian diseases, 500.
Ovary, does the, jump, 389.
Ovariectomy, 185.
Ovariectomy and the exploratory incision, 309.
Ovariectomy, with recovery; a case of normal, 102.
Oxalic acid, tumor cured by, 393.
Ozone, its effects on health, etc., 394.
Palliation, a few remarks on, 83.
Paralysis, etc., Plumbum in, 101.
Paralysis, a singular case of, 433.
Paralysis, quasi, 198.
Pathological states represent a pathological law, 355.
Pathology and symptomatology, the necessity of, 340.
Pepsin, Iris vers, vs., 229.
Phosphorus in pneumonia, 28, 262.
Physiological illustrations, those, 257.
Physiological interpretation of a pathogenesis, 384.
Physiology and pathology, vs. therapeutics, 263.
Pleurisy, treatment of, 326.
Plumbum in diabetes, 126.
Plumbum in paralysis, etc., 101.
Pneumonia, characteristic sputa in, 26, 170.
Pneumonia, Phosphorus in, 28, 262.
Pneumonia, post debility, 107.
Pneumogastric lesion of the, 80.
Podophyllin, accidental proving of, 501.
Pædological, 106, 312, 362, 400, 451, 490, 524, 531.
Polypti, new forceps for nasal, 445.
Polyuria cured by Antimonium crud, 229.
Post-partem, Secale sweat, 311.
Potassium, Iodide of, atrophy of testicle from, 97.
Practice, our way of thinking in, 37.
Prognostication, Hahnemann's, 308.
Provings, some fragmentary of Rhus, Tabacum, Vespa, Plumbum, Asparagus, Mercurius sol., and Nux moschata, 99.

- Psoriasis, chronic and syphilis, 171.
 Psoriasis, that case of, 24.
 Psychological, 406.
 Psychological key notes, 242.
 Purpura hæmorrhagica, 268.
 Purpura hæmorrhagica, pathology of, 38.

 Quinia, Sulphate of, the action of, 200.

 Ratanhia eye and throat, 268.
 Remedies, action of, 510.
 Remedies, act physiologically, do, 337.
 Remedies, the Homœopathicity of, illustrated by their physiological action, 85.
 Remedies, physiological action of illustrated, 135.
 Remedies, Schussler's, 177, 439, 523.
 Retracted nipples, 229, 268.
 Retroflexion of the uterus, 309.
 Rheumatism, electricity Homœopathic to muscular, and not to articular, 145.
 Rheumatism, experience with, 348.
 Rheumatism in California, 430.
 Rheumatism in infancy and childhood, 362.
 Rheumatism, Sanguinaria can. in, 300, 441.
 Rotheln, new experience with, 312, 364, 400.
 Rumex crispus cough, 57, 326.

 Salix niger, cures with, 509.
 Salix niger in Goitre, 326.
 Sanguinaria can. vs. Gelsemium headache, 450.
 Sanguinaria can. in rheumatism, 300, 441.
 Sanitary, 57, 155.
 Scalp, extensive laceration of the, 323.
 Scarlatina in Ireland, 22.
 Scarlatina, why peculiar to children, 536.
 Scrofula, gravel, and cancer curable with remedies, 315.
 Secale in aneurism, 48.
 Secale, hour-glass contraction, 105.
 Secale sweat, 125, 311, 386.
 Schinus molles, effects of, 449.
 Silicea effects, goitre and ganglion, 136.
 Silicea and Hepar in necrosis, 228.
 Silicea, physiological action of, 137.
 Small-pox and eczema, discussion on, 35.

 Society, American Institute of Homœopathy, 50.
 Baltimore Medical, 162.
 California Medical, 502.
 Chicago Academy of Homœopathic Physicians and Surgeons 31, 42, 139, 183, 192, 304.
 College Provers' Union, 149.
 Illinois State Association, 526.
 Indiana Institute, 78.
 Kansas State Medical, 503.
 Kentucky State Medical, 454.
 London Medical, 38.
 Massachusetts Medical, 454.
 Middle Tennessee, 351.
 Michigan Institute, 163.
 Michigan State, 115.
 Montgomery County (O.) Medical, 504.
 New York Medical, 112, 116, 232, 278.
 Onondago County (N. Y.), 35.
 Pacific Medical, 499.
 Pennsylvania, Northwestern, on diphtheria, 301.
 Western Academy, 162.
 Spinal irritation cured by Hyperisquint, divergent, 531.
 cum perf., 227.
 Strychnine poisoning cured by Atrophine, 231.
 Sulphur in pneumonia, 28.
 Sunstroke due to vapor in the blood, 481.
 Surgical, 42, 92, 152, 187, 245, 269, 315, 357, 392, 442, 491.
 Surgical bureau, 324.
 Surgical clinics, 323.
 Surgical diseases incurable, 49.
 Surgical emergencies, 65.
 Surgical notes, 48, 272, 321, 491.
 Surgery and dental pathology, 285.
 Surgery, cases of, 190.
 Surgery, electropathic, 324.
 Surgery, orthopædic, 535.
 Surgery, plastic, 43.
 Syphilitic effects, 436.
 Syphilis, chronic, 124.
 Syphilis, chronic, and psoriasis, 171.
 Syphilis, obstinate secondary, 359.
 Spinal curvature, 535.

 Tabacum, dizziness, etc., 100.
 Tænia, treatment of, 35, 124.
 Talipes, 358.
 Tape-worm, Gooseberries in, 326.
 Teeth, to destroy nerves in, 96.
 Testicles, atrophy of the, from Iodide of potassium, 97.
 Therapeutical, 19, 73, 119, 165, 209, 249, 291, 331, 373, 421, 463, 507.

- Therapeutics, analytical, 354.
Transfusion illustrated, 49.
Tumor cured by Oxalic acid, 393.
Tumors, myo-fibroid of the uterus, and their treatment, 309.
Tuberculosis not incurable, 41.
Urine, incontinence of, 351.
Urine, practical examination of, 112
Urine, test for diabetic, 267.
Urethritis, discussion on, 528.
Urticaria, Bovista in, 302.
Uterus, a new method of examining the, 185.
Uterus, anatomy and diseases of the, 185.
Uterus, disorders of nutrition, and displacements treated by Faridization, 102.
Vaccination, experience with, 512.
Vaccination, re- when necessary, 342,
Vaccination, utility of, 517.
Vaccination, Vienna school on, 513.
Vaccine virus incubation, 306.
Valvular disease of the heart, 536.
Varicose veins, a new operation for, 359.
Venereal diseases, 34.
Venereal diseases, their treatment and nature, 64.
Vespa carbo, cold stomach, etc. 100.
Virus, how to use tube. 439.
Warts, malignant fig, 97.
Water, the we drink, 532.
Water, mineral, 541.
Zinc, phosphide of 447.

CONTRIBUTORS TO VOLUME I.

- Amoss, E. N., 374.
Angell, E. P., 251, 268.
Armstrong, Wm. P., 84, 228.
Bahrenburg, W. N., 180.
Bancroft, W., 451.
Baxter, H. H., 419.
Beach, C. L., 331.
Bearby, Jennie, 332.
Beckwith, E. C., 332.
Beebe, A. G., 42, 272, 318, 392.
Beebe, G. D., 212, 283.
Bernreuter, C., 229, 303, 406, 444.
Berridge, E. W., 99.
Bert, 123.
Bingham, A. C., 75.
Bird, O. B., 76, 341, 436.
Bishop, S., 121, 293, 391, 421.
Boardman, H. E., 511.
Bodman, F. H., 218.
Boocock, R. 252, 386.
Bowen, G. W., 141.
Bowie, A. P., 386.
Bowman, J. R., 166.
Bradford, T. L., 165.
Bragg, T. H., 249.
Braun, J. B., 214, 245, 321, 360, 491, 513.
Breed, G. H., 119, 194, 331.
Breyfogle, W. L., 454.
Brigham, R. S., 210.
Brown, U. H., 37.
Bullard, J. A., 74, 333.
Bumstead, L. J., 120, 468.
Bumstead, S. J., 24.
Burchard, M. J. L., 119.
Campbell, J. A., 95, 442.
Campbell, M. B., 294.
Carr, G. H. 20, 168, 245.
Cartwright, E. 230, 507.
Chappell, H. H., 249.
Chase, C. E., 292.
Cheney, B. H., 165.
Cheney, W. S., 332.
Churchill, F., 121, 230.
Churchill, W. R., 119.
Coffee, F. E., 166.
Cogswell, G. E., 165.
Colburn, S. H., 293.
Comstock, T. G., 105.
Cook, W. C., 335.
Combs, J. S., 326.
Coon, H. C., 333.
Corning, G. A., 120.
Cowperthwait, A. C., 76, 89, 212, 418, 503, 508.
Cranch, E. 393.
Crippen, J. H., 374.
Cummings, O. S., 333, 507.
Curtis, C. C., 357.
Curtis, D. G., 250.
Cushing, A. M., 339, 464, 485.
Cushing, E. B., 250.
Dake, J. P., 177, 281.
Dake, W. C., 75.
Davis, Chas., 209, 336.
Davis, J. W., 155.
Dever, I., 253, 328, 448.
Dix, I. H., 422.
Dodge, R. L., 323, 425.
Dornberg, A. L., 168, 227, 337, 359.
Doolittle, E. D., 376.
Douglas, J. S., 519.
Dudley, P., 221.
Duff, P. S., 375, 512.
Duncan, T. C., 73, 106, 332, 362, 414.
Dunham, C., 50.
Eaton, M. M., 19, 165, 190, 337.
Eldridge, I. N., 115, 166, 417, 420, 452.
Ellis, E. R., 409.
Emmons, J., 173, 334.
Enloe, T. C., 464.
Epps, Richard, 445.
Evans, C. H., 231.
Fahnestock, C. S., 211.
Fairbanks, C. D., 242.

- Farrell, T. C., 334.
 Farrington, E. A., 101.
 Fellows, H. B., 62.
 Fish, E. W., 460.
 Fisher, A. L., 209.
 Fisher, C. E., 335.
 Foster, G. S., 251, 332.
 Foster, R. N., 473.
 Franklin, E. C., 114.
 Fulton, J. H., 171.
 Gallinger, J. H., 371.
 Gallup, Wm., 371.
 Gatchell, C. B., 120, 244.
 Gatchell, H. P., 101.
 Goucher, J., 315.
 Gibson, C. H., 508.
 Gilchrist, J. G., 49, 96, 194, 202,
 291, 323, 358, 374, 510.
 Goodman, C. H., 300.
 Green, M. F., 294.
 Green, S. W., 293.
 Gregg, Rollin R., 481.
 Griffin, S., 421.
 Hale, E. M., 56, 98, 148, 219.
 Hale, F. E., 440.
 Hamisar, C. W., 334.
 Hasbrouck, E., 399.
 Hawly, L. B., 311.
 Hedges, W. L., 167.
 Helmuth, Wm. Todd, 269.
 Hemstead, W. C. F., 334.
 Hering, C., 354.
 Higbee, G. W., 424.
 Higgins, S. B., 465.
 Hill, R. L., 209.
 Holcombe, W. H., 130, 254, 295.
 Hollingsworth, C. S., 334.
 Holmes, B. F., 213.
 Howard, J. G., 223.
 Howard, R. L., 375.
 Hoyne, T. S., 398.
 Hullhunt, F., 249, 267.
 Hunt, D. F., 166, 248.
 Huntington, R. M., 20.
 Hurd, G. F., 165.
 Irwin, J. F., 25, 373.
 James, B. W., 225.
 James, J. E., 223.
 Jennings, C. P., 19.
 Johnson, G. H. S., 250.
 Johnson, R. B., 373.
 Kershaw, J. M., 451, 460.
 Kewny, B. F. A., 249, 340, 393, 510.
 Kilgore, H. F., 210.
 Kimball, D. S., 78.
 Kirby, 263, 453.
 Kirkup, E., 485.
 Korndorfer, A., 221.
 Knerr, C. B., 302.
 Kyngdon, B., 216.
 Laird, W. T., 291.
 Lawson, H. H., 210.
 Lee, C. H., 320.
 Lee, L. M., 373.
 Leonard, W. H., 20, 374, 441, 461.
 Lilienthal, S., 34, 75, 85, 135, 189,
 355, 398, 467.
 Lippe, Ad., 174, 257.
 Loder, C. C., 291.
 Ludlam, R., 102, 185, 304, 486.
 Lungren, S. S., 506.
 Macomber, A. P., 375.
 McClatchey, R. J., 207, 370.
 McNeil, A., 75, 125, 138, 210, 262,
 347, 374, 520.
 Marix, M. Mayer, 162, 168, 210, 292,
 420.
 Martin, H. Noah, 405.
 Mason, D. E., 356.
 Massy, R. Tuthill, 66.
 Mercer, W. M., 418.
 Merryman, T. J., 252.
 Meurer, T., 439.
 Middleton, C. S., 223.
 Miller, A., 508.
 Miller, H. V., 343, 378, 426, 469.
 Mills, J. R., 119.
 Mitchell, J. S., 114.
 Moore, A. F., 73, 212.
 Montgomery, P. J., 375.
 Morgan, J. C., 21, 48, 123, 170, 200,
 268.
 Morgan, W. F., 465.
 Morrison, E. A., 389.
 Morse, Lucius, 120.
 Morse, R. N., 451., 454.
 Nelson, R. W., 163, 265, 318, 342.
 Nichol, Wm., 264.
 Noxon, A., 250.
 Ober, L. E., 418.
 Oliver, T. T., 387.
 Ordway, L. S., 74.
 Ostrom, H. T., 276.
 P., H. L., 107.
 Paine, H. M., 367.
 Paine, R. K., 19, 422.
 Parsons, G. R., 166, 507.
 Parsons, O. C., 187.
 Patchen, G. H., 418, 461.
 Pearse, H., 247.
 Pearson, C., 28, 120.
 Pease, G. M., 19, 48, 52, 74, 146, 201,
 250, 483, 499, 508.
 Perkins, D. C., 171.
 Peterson, A. W., 21.
 Pettet, J., 120, 250, 292.
 Pirtle, J. R., 74, 211, 374.
 Pittman, D., 167, 292, 326, 441.
 Potter, E. B., 422.
 Poulson, P. W., 429, 449.
 Randall, A. F., 452, 484.
 Randall, G. W., 373.

- Reed, H. H., 466.
 Richardson, A. S., 249.
 Roberts, E. L., 423.
 Routh, J. M., 511.
 Rummels, O. S., 78, 416.
 Rynd, C., 497.
 Sanders, J. F., 333.
 Sanders, J. M., 331.
 Sanders, S. N., 251.
 Sarchet, Geo. B., 450.
 Scales, E. P., 20, 74.
 Scott, W. D., 374.
 Shepard, W. F., 107.
 Sherman, Lewis, 66.
 Shipman, Geo. E., 312, 364, 400.
 Shuldham, D., 219.
 Simons, N. J. A., 423.
 Simpson, J. Y., 422.
 Skeels, J. S., 210.
 Smith, C. C., 336.
 Smith, E. R., 351.
 Smith, J. H., 217.
 Smith, O. W., 105.
 Smith, U. R., 292.
 Smith, W. M., 332.
 Sonenschmidt, C. W., 376.
 Sook, H. L., 425.
 Sparks, P. B., 289.
 Stillman, W. D., 122, 141, 251.
 Sutherland, Q. O., 291.
 Swain, E. D., 285.
 Tabor, F. F., 121, 167.
 Thompson, J. T., 166.
 Todd, G. W., 22, 74, 166.
 Tomlinson, J. O., 422.
 Tooker, R. N., 141, 195, 410.
 Underwood, H. A., 338.
 Underwood, Helen J., 282.
 Van Horn, L. T., 292, 422.
 Verdi, T. S. 57, 394.
 Vincent, F. L., 115.
 Vincent, J. A., 460.
 Vivion, J. B., 385.
 Wage, Jno. F., 485.
 Wagoner, C. H. 375.
 Waggoner, M. R., 267.
 Wakeman, J. A., 97.
 Walker, J. M., 332, 490.
 Wells, L. B., 211.
 Whitfield, H. A., 166.
 Whittmore, J. G., 74, 290.
 Wilde, J., 216.
 Wilder, B. A., 20.
 Williams, D. R., 165.
 Wood, Wm. & Co., 480.
 Woodruff, F. 498.
 Woodward, A. W., 29, 225, 229.
 Woodyatt, W. H., 92, 152.
 Young, Jas. A., 57, 447, 450.
 Young, J. R., 331.



*Yours truly
Geo S. Hippen*

THE
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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

A variety of reports from all parts of the country will make this one of the most valuable departments. They may be sent at any time, as we shall always reserve a corner for them. When an epidemic is prevailing weekly reports would be very acceptable. To make them the most practical, they should be concise and specific. Let us hear from our readers. Report the prevailing diseases, remedies indicated, and any practical observations, etc.

MANITOWOC, Wis., Dec. 21, 1874.—There is very little sickness up here, except catarrh. Yours truly, R. K. PAINE.

SAN FRANCISCO.—Scarlatina, erysipelas, and suicides or attempts in that direction are the prevailing diseases with me the past few weeks. G. M. PEASE.

PEORIA, Ill., Dec. 12, 1874— We are having measles, scarlet fever, and, a large amount of pneumonia. The treatment has been uniformly successful. Fraternaly, M. M. EATON.

LOUISIANA, Mo.—I have a case of chronic dysentary — man, dark hair, eyes, and complexion; spare habit; two to four evacuations daily; pus; sometimes blood. All the usual remedies have been tried in vain. Can you suggest a remedy? C. P. J.

WHITEHALL, Mich.—I was somewhat interested in that case of pyrosis mentioned in the November number of THE INVESTIGATOR, and would say to Dr. Homan that he should use a few doses of *Natrum carb.*, high, and he will cure his patient in a short time.

There is very little sickness here; some pneumonia, and scarlet rash, and considerable *dropsy*, arising from abuse of *Quinine*. Last fall *Ars.*, high, seemed to be the main remedy called for. Yours fraternally,
December 1. G. H. CARR.

BOONE, Iowa., Dec. 13, 1874.—We have had considerable *typhoid fever*, in fact, that more than any other disease has had our attention. I have treated fifteen cases, some very severe, of the purely enteric type, have lost none as yet; have no recent cases. My main dependence has been on *Bry.*, *Rhus.*, *Bapt.*, *Arsen.*, *Ac.*, *Bell.*, and some others, as to me seemed indicated, and all used low, i. e. 1st to 3d. Will do all I can for the success of the new journal. Truly and fraternally,

R. M. HUNTINGTON.

KNOXVILLE, Ia., Dec. 1, 1874.—The diseases prevailing in this vicinity are typhoid fever, typhoid pneumonia, and diphtheria. *Baptisia* has aborted nearly half of my cases. *Bap.* and *Rhus.* have been my remedies, and cured all. Typhoid pneumonia is cured by *Bry.* and *Rhus.* if the cough was dry; if loose, *Rhus.* and *Stibium*. Have lost none. For diphtheritic throats, all trouble has been quickly averted by *Merc. bijod.* Obstetrics has been the order of the day for the past two weeks. Truly yours. B. A. WILDER.

MINNEAPOLIS, Dec. 7, 1874.—Concerning the health of this locality during November, typhoid fever decreased considerably from previous month, but diphtheria kept on with about the same number of patients, but not as many deaths as in October and September. In September there were ten deaths, October fourteen, about half the number for November, these mostly from old school hands. Treatment has been *Merc.*, *iod.*, *Apis.*, *Lach.*

Wishing you much success, I remain, Yours truly,

W. H. LEONARD.

NEWTON, Mass.—In cases of diarrhoea I have found the 18th of *Ars.* more beneficial in curing many cases than the 3d or 4th when the remedy was indicated, but I can back up the statements from Decorah, Iowa, and Lynn, Mass., that routine will not cure all cases this season. I have been successful thus far and have used *Carbo. veg.*, *Podoph.*, *Aethusa*, *Dioscorea*, *Nux.*, *Phos.*, etc., in bowel diseases, besides *Cham.*, *Sulph.*, *Calc.*, *Verat.*, *Ipec.*, etc., have cured many cases with a single remedy and in others found a change in the disease requiring a change of treatment. I have used chiefly the low potencies, from 3d to the 6th.

I have found many cases of various diseases having a rapid downward tendency which needed some sharp looking after to turn the current. I have not lost by death any of the last four hundred cases. I lost one girl of nine years, April fifteenth, by malignant scarlatina.

Hastily yours,

E. P. S.

ADEL, Ia., Nov. 30.— I have been called to administer to some thirty-two cases of typhoid fever within the last three months, all of which I succeeded in arresting while in the first stage, with the exception of three cases, which I arrested in the second stage. By this you will see that I am of the opinion that typhoid fever, if taken in time, is not at all dangerous— when treated Homœopathically. Typhoid fever, with us, is often insidious. It requires exquisite tact and consummate experience to recognize it when it first appears. It may present itself in the shape of any local inflammation, of a gastritis, or of a bronchitis. I have seen it suddenly produced after a painful weariness of short duration following a violent inflammatory fever. J. F. IRVIN.

PHILADELPHIA, Dec. 4, 1874.— Will not some of the Western Hahnemannians give the details of a number of cases of the “ typho-malarial,” i. e. “ malignant bilious remittent,” i. e. “ autumnal remittent fever?” I do not remember a single report of it from a strict Homœopath. The analogy with congestive fever, its fatal issue, so often, on the sixth day, etc., etc., make it a disease of painful interest, and it often occurs in the West and South.

The case of pyrosis, on page 618 of the November number, I would treat first with *Sulphur*. The skin-disease, page 619, with *Rhus tox*. Failing in this, *Nat. mur.*, if the scales be white; if yellow, *Kali sulph.*; (i. e. if *Sulphur* has done no good). Yours, J. C. MORGAN.

TOULON, Ill., Dec. 8, 1874.— We have had no epidemic diseases, or hay fever, to my knowledge, last summer or fall. Early last fall we met with *bilious fever* (*Nux v.* and *Bry.*), and a few cases of *typhoid fever* and *inflammation of the bowels* (*Nux v.* and *Carb. v.*), which were the most prevailing diseases here.

During the last two years I have met with four cases of *epilepsy*, with the following symptoms: A dull, heavy pain, with a compressed, distressed sensation in the head, giddiness, a peculiar feeling in the throat, palpitation of the heart, bloated stomach and bowels, and cold feet. In three of the cases the following symptoms also: a creeping sensation beginning at the back of the neck, moving slowly down the spinal column. In all these cases *Lachesis* 200 was the successful remedy.

According to the monthly reports from the Board of Health in Chicago, I notice that the mortality among infants under two years of age is far greater than among children of more advanced ages. What, in your opinion, is the cause of it? or, what is the general opinion among physicians? Dear Doctor, I take the liberty of asking you this question, and hope you will favor us with an answer. I believe there is, in a majority of cases, a certain cause for it; and if it pleases you, I will give a full report, hereafter, of my experience in treating diseases of infants, especially cholera infantum, sickness of stomach, diarrhœa, colic, convulsions, and, in fact, all diseases which arise from an inactivity of the liver, stomach, and bowels.

Yours very respectfully,

A. W. PETERSON.

As far as our information extends, our physicians lose only a small

per cent. We propose to find out from the books of the Board of Health just how this matter stands. The chief cause of this large mortality is do doubt due to improper care, improper diet, or to improper treatment, or to all combined. The infant mortality is large in all large cities, where the air is foul and the milk poor. What is Dr. P.'s idea?

CANTON, Ill.,—Having located in Canton, I find some diseases that I never met in Iowa, one of which I want some light upon. I call it Bright's disease of the kidneys; have several of a similar nature to the one I give.

Mrs. F., *æt.* 28 years, has been ailing four years; has been treated for dropsy by a so-called Homœopath. Has attacks of chilliness followed by dry heat, nausea, vomiting, loss of appetite, pain in head, back, and limbs, scanty urine, stiches in region of kidneys. At other times has glandular swellings or enlargements about the neck, difficult respiration, pains in chest, billous, dysenteric discharges from the bowels, scanty red urine, dull pain in the region of the kidneys with many other symptoms of a similar nature. Now I believe in rifle shots when I can make them, and in this case found the following symptoms prominent: Burning hot spot on top of head, cold feet with burning of the soles of feet so that has to get out of bed nights and stand on a piece of zinc kept for the purpose, aggravation by lying on either side, amelioration when lying on the back, and gave *Sulph. c. m.*, "Bœricke" one dose, followed by placebo powders. It is now two weeks since I gave the dose and there seems to be a gain in many respects. The case is in my hands yet. I am a new beginner and am trying to be a Homœopath. I would like to know if there is a possibility of a *cure* in these cases if treated Homœopathically; also if I made a straight shot in the case.

Yours truly,

G. W. TODD.

SCARLATINA IN IRELAND.—The Registrar-General's returns for the last week hold out no hope of a diminuation in the mortality from the long-protracted epidemic of scarlatina which has prevailed in Ireland. The deaths in Dublin for the week which ended on November fourteenth, were eighteen, or four more than in the previous week. In Belfast the disease is assuming very serious proportions, no less than fifty-two deaths being registered last week, or sixteen more than in the preceding. In Thurles also the epidemic is said to be on the increase.—*Medical Press, Nov 26.*

FEVER IN LONDON.—At the meeting of the Metropolitan Asylums Board, on November twentieth, it was shown that the general tendency of the recent epidemic of fever had been to increase in several districts since the last meeting of the Board. At the Homerton Fever Hospital there were two hundred and seventy-eight cases under treatment, which was a slight increase upon the last return. At the Stockwell Fever Hospital twenty-three fresh cases had been received from the Mitcham schools, belonging to the Holborn Union, which was the

largest number ever received from any single establishment. With this exception fever was about stationary at Stockwell.

A serious outbreak of scarlet fever is reported in Cheshire. Weaverham, a village of 1,722 inhabitants, has had one hundred and sixty-five cases, of which twenty-nine were fatal; Acton, forty-two cases, three of them fatal; and neighboring villages have also suffered more or less. The local sanitary authorities are said to be taking measures to prevent the spread of the epidemic.—*Ibid.*

[Will our British friends please to tell us if this is a *Belladonna* epidemic.]

A CHOLERAIC EPIDEMIC IN TENNESSEE.

The papers have published reports relative to the prevalence of a strange epidemic now raging at Alexandria, a few miles distant. Alexandria is situated in a wild, mountainous country, which is usually considered one of the most salubrious portions of the State. The inhabitants in general are hale, hearty, and healthy, and therefore no epidemic has ever disturbed the peaceful serenity of their quiet locality.

The epidemic has spread to the surrounding country. It seems to be traveling eastwardly, and has already made its appearance at Liberty, another little mountain village a few miles distant. The entire population in that portion of the country are filled with consternation, and do not know what to do to escape the terrible malady. Young and old are alike afflicted, there being many children down with it, and some have already died. Local physicians are baffled as to the true nature of the affliction, and cannot determine what produces it, nor do they know how to cure it or stay its progress. It resembles cholera in that it attacks the stomach and bowels, and produces in some instances a speedy death. Some persons have fallen victims from sheer neglect to take notice of their condition, thinking it nothing more than a common diarrhœa. They are taken, "doctor" themselves for a week, when finally they send for a physician, who arrives too late to save them from a premature death. In several instances whole families have been stricken down with the disease, leaving, perhaps, only the youngest and most helpless, who would be unable to render any assistance to the afflicted members.

For two weeks the disease, which was at first considered trivial, has been increasing and augmenting in severity and fatality until it reached epidemic proportions. Since the first outbreaking twelve or more persons have died, while a large number are alarmingly ill. Physicians have exhausted their skill in endeavoring to point out the origin of the visitation. It was at first supposed that some poisonous substance was contained in the water, but as it has not confined itself to any one locality that supposition is no longer deemed plausible. Another reason assigned is that this is the "hog-killing" season, and the whole

country is abounding at present in fresh spare-ribs, back-bones, and sausage meat, and every one is tempted to indulge too much in the animal delicacies, and to overload his stomach with them. But it is hardly probable that, should this be the cause of the disease, it would result so fatally, and would, moreover, not confine itself to that exclusive locality. The eating of pork is general at this time of year, and yet in no other section has a similar disease manifested itself. Physicians state that in Tennessee at present diseases of all kinds require unusually grave treatment; not that there is so much sickness in the greater portion of the State, but that the various diseases are of a more virulent type than usual.

NASHVILLE, Tenn., December 7, 1874.

THAT CASE OF PSORIASIS.

SOME FACTS ABOUT THIS DISEASE AND ITS TREATMENT.

EDITOR MEDICAL INVESTIGATOR: On page 619 of the November number of THE INVESTIGATOR, Dr. Latson asks for information of the Therapeutical editor in regard to a peculiar and obstinate skin disease. Now, as Prof. S. gives the doctor very little satisfaction, I make bold to offer a few remarks, and hope to satisfy Dr. L. a little better, although, as regards a cure, perhaps Prof. S.'s information may be just as good as mine.

I judge the affection to be a case of genuine psoriasis, if I have interpreted the Doctor's description. While I saw many a case in Europe, I have, since my return, met with only one case, a girl of twelve or thirteen years of age, upon whom the *Iodide of Arsenicum* 3x trit. effected some amelioration while she took it. Now do not misunderstand me and think I mean what is taken by most practitioners in this country for psoriasis, viz.: eczema squamosum, and consequently reported in our works on practice, and in our journals, as easily cured by *Ars.*, *Rhus.*, etc. But the psoriasis I mean is a disease covering the whole body, or part of it, and characterized by small spots which are covered with bran-like scales, fading off insensibly into tolerably healthy skin, and in a short distance another spot, etc. Perhaps the great characteristic is, that on forcibly picking off these scales the skin beneath in a short time oozes forth blood, or at least becomes as red as blood. While it is more sometimes than at others, it very seldom leaves, or diminishes to any great extent, though occasionally does so, and even leaves spontaneously, often, though always sooner or later to return. In case of these spontaneous recoveries, if we examine closely the elbow or knee joints, we can usually find a few of these patches, or even one, showing that it is not eradicated. This feature of the disease has deceived many physicians, and given rise to numerous "sure cures," just as many other diseases equally, or more,

intractable have. Up to this time the disease has been considered incurable by such authorities as Hebra, while Kafka says the cure is to be had only by the greatest difficulty, but, with Homœopathy, considers it possible. I place very little reliance upon our other Homœopathic authorities on this subject, as it is generally evident they mean eczema squamosum when they treat of psoriasis.

From what Kafka says about it, I am led to infer that he has only seen one case seemingly cured within six months, and this he attributed to the use of *Phos.* 6, after having used *Sepia* for a long time in what he calls the methodical use of it, viz.: *Sepia* 6th, two doses per day for eight days, then a pause of three or four days; then begin with the 5th dilution the same way, and so on down, if necessary, to the 1st dilution, and if then the cure is not effected, ascend gradually to the 6th dilution in the same way. This latter, one can understand in two ways: either to take the 2x after having reached the 1st, and then ascend to the 6th, or, to begin at once with the 6th the second time. I am not certain as to which he means. Following this paragraph he remarks that usually after such a course the disease is ended. As Kafka says nothing about the liability of the disease occasionally to disappear and recur again, I must as yet accept his statements *cum grano salis*. However, one can try his method, and by observing a year or two after in a given case well diagnosed, a report worthy of being thrust before the profession might be made, and not short of that time. From syphilitic psoriasis it is mainly distinguished by the more or less hardness and induration surrounding the spots in the former, and the fewer scales it has; also, I believe I am not mistaken when I say no syphilitic skin disease ever itches to amount to anything. Besides these points the other indications of syphilis would be likely to be present; but indurated glands alone would not do, as they are produced by any skin disease however mild.

Prof. Hebra, when speaking of the etiology of this disease, said it was very uncertain, and that many theories had been urged. Some strenuously asserted it was because of a too persistent flesh diet; but, as Hebra justly remarked, no people are afflicted with this more than the Polish Jews, and the Italians, and neither of these eat much meat. Then, some physicians in Germany had written to Prof. Hebra a short time before he made the remarks I heard, that after treating a case a long time with no success, he began using lemons, and after ascending to ten a day the patient lost his disease; consequently he thought he had discovered it, and that it was a disease of a scorbutic character.

Prof. Oppolzer used to assert about this disease, that when children of persons who had this disease were not affected themselves, they were always troubled with colic. Prof. Hebra, however, said he had caused inquiries to be made of patients for a long time, and could get no evidence that there was anything in it at all. In Hebra's words, they treat many patients, but generally only succeed in effecting a moderation of the suffering, and these confirmed cases must generally spend three months of each year in his hands to make life at all endur-

able. Some few take treatment in the following way at home every night, and so keep it somewhat in abeyance: Rub the body well with soft soap made of wood ashes, and after this rub tar all over (say tar and alcohol equal parts or stronger); roll up in a flannel blanket and go to bed. In the morning wash off with soap, and go about as usual. *Carbolic acid* oil is also used a great deal, often with success. *Arsenic* is also much used there, in the form of what they call the Asiatic pill. The dose is this: sixty-six grains of *Arsenious acid* is made into eight hundred pills, and three a day are taken. It is not the case that these patients are weakly, cachectic subjects; it is generally the other way. It must be distinctly understood, also, that this disease is not leprosy. That is quite another affection, though I am inclined to the opinion that this has often been called that in this country, even by otherwise respectably-educated medical men. Respectfully,

PEKIN, Ill.

S. J. BUMSTEAD.

CHARACTERISTIC SPUTA IN PNEUMONIA.

In the March (1874) number of the *Medical and Surgical Reporter*, I published an article entitled "The Character of the Sputa in Pneumonia," in which I stated that whatever other symptoms might be present in any given case, the color and consistency of the expectoration where these could be observed, were by far the most important in directing the attention of the prescriber to the selection of the proper remedy. This article called out some well-meant criticisms, and it is possible that my meaning was by all, not clearly understood.

It was not my intention then, nor is it now, to ignore all other symptoms, but merely to call the attention of the profession to the necessity of noting individual or "key-note symptoms" in as many diseases, and of as many remedies as possible. Were we all careful to do this, we might in time be able to have a Characteristic *Materia Medica* of clinical symptoms, that would prove a valuable auxilliary in arresting the attention of the busy practitioner and cause him to think of remedies which otherwise might have escaped his observation, and which upon a further examination would be found to cover most of the other symptoms present.

May it not be possible the reason some physicians remain for so many years poor prescribers is, that in their hurry they fail to observe or to remember to-day, the remedy, or attenuation, that cured similar symptoms in former cases, or they alternate, or give medicines in rotation to such an extent, that it is next to impossible to learn anything of value from the treatment of any given case, whatever may be its termination.

By this, however, there is no intention to advocate the routine treatment of prescribing for names, a practice which cannot be too strongly condemned, but similar symptoms indicate similar conditions as well in the sick, as in the healthy when proving a remedy, and when these are confirmed in practice they become doubly important.

We may also many times, in addition to the one symptom that first attracted our attention, observe others not before known to be characteristic of the remedy, but which afterwards serve as equally important guides; on one occasion when prescribing for a pressure and burning in the chest, with feeling as if raw or inflamed from inhaling frosty air, and knowing these to be strongly indicative of *Apis*, this medicine was at once thought of. At the same time a peculiar light red sediment, or color of the urine was observed, not so much in the urine as separating from it and adhering to the sides as well as to the bottom of the vessel; it was not brown, or yellow, nor was it blood, though in color it approached nearer arterial blood than perhaps anything else; but in other respects the water did not seem to be far removed from the normal standard. The case rapidly improved, all the symptoms leaving. Ten years have since passed, and whenever this peculiar appearance has presented itself *Apis*, has been thought of and uniformly with good results. So that by careful observation one characteristic symptom may be the means of directing us to others equally so.

As yet I have only been able to collect from the sputa in pneumonia, the characteristics of five remedies, and am well satisfied that where this can be observed they will be reliable. It is true, that in the case of children we rarely have an opportunity to examine the expectoration, as very little is raised. If loosened at all it is generally swallowed, and as this is not only the most reliable indication for the selection of the remedy, but for the presence of the disease, it is questionable whether very many of the reported cases of pneumonia in children may not be of a bronchial or catarrhal character. The remedies referred to are *Aconite*, *Bryonia*, *Lycopodium*, *Phosphorus*, and *Sulphur*.

Where the left lung is most involved, and the pleura is at the same time implicated, manifested by a sharp stitching pain on breathing, the cough, which would be very hard were it not suppressed on account of the pain, is almost dry, it being extremely difficult to raise anything. The little that is brought up is *tenacious, falling in a round lump, and of a dark cherry-red color.*

ACONITE 30TH,

or higher, is most assuredly the remedy, and should be repeated as often as every two hours until there is an improvement, when it can be given at longer intervals or left off entirely.

Gross, and others, say this remedy acts best on the upper right and lower left sides; but this bears no comparison in importance to the color and appearance of the expectoration.

Where the cough and fever are very similar to those of *Aconite*, except that there being much less inflammation in the pleura, and consequently less pain, the patient is enabled to cough much harder, raising, however, but little, which is tough, falling in a round jelly-like lump, but in color *much lighter, almost a yellow or soft brick shade,*

BRYONIA 200TH OR 30TH

will scarcely fail to cure nine cases out of every ten. And as this con-

dition will be found to obtain in a majority of cases, this remedy is more frequently called for than any other, and more particularly, perhaps, should the inflammation be seated in the right lung.

Again, where the right side is most affected, the cough loose, full and deep, *sounding as though the entire parenchyma were softened, the patient raising a whole mouthful of mucus at a time, which in color is a light rust, not much unlike that of Bryonia, but not so thick, more stringy and easily separated,* and if, in addition, there should be present "fan-like" motion of the alæ of the nose, there need be no hesitation as to the remedy; for

LYCOPodium 200TH

will almost certainly afford relief within twelve hours.

Where the cough is not so loose and rattling as for the latter remedy, or so close and tight as the former, the secretion also being much less, but more profuse than for either *Bryonia* or *Aconite*, and in color somewhat like that of *Lycopod.*, but being of a more *dirty appearance resembling pus, but thinner, and when falling on any hard, smooth surface, will break and fly like thin batter.*

PHOSPHORUS 200TH,

or in some instances at the 30th, will remove the whole trouble with remarkable promptness.

In cases that have been badly treated either with drugs, or, which is very little better, by low attenuations, until hepatization or even abscess has followed, with pale, cold, damp skin, emaciation, hectic fever, swelling of the extremities, *purulent expectoration,* and quick weak pulse,

SULPHUR 200TH

every three hours until three or four doses are given, is the only hope, and will save the patient if recovery is at all possible.

Other symptoms for these remedies than those here enumerated would of course only make the indications for their application still stronger, but no others, however numerous or strongly marked, should be regarded of sufficient importance to induce the prescriber to give any other medicines until these have been fairly and fully tested.

It will not do, however, to say that where the indications for these remedies are present, that the 3d or the 6th potency will be equally as efficient as the 30th or upwards, for if in the whole round of practice there is met with one disease more than any other where the selection of the proper attenuation is as important as the remedy itself, that disease is pneumonia; and whoever would be benefited by the medicines or the symptoms for their administration as here given, must heed the dilution recommended as being of equal importance. As before stated, the five remedies mentioned are the only ones for which as yet I have been able to detect the characteristic expectoration. If any physician can extend the list, it would be of great value to the profession. May we not hope to hear from some of our acute observers, such as Guern-

sey, J. C. Morgan, Lippe, C. C. Smith, Pomeroy, Duncan, Hoyne, Baer, Eggert, Gilchrist, Pease, Gregg, etc., in regard to this matter?

There are undoubtedly other important remedies for this disease, of which *Belladonna* 200th should be considered among the first; but as to its characteristic sputa, I have nothing reliable to offer. In young persons, however, of full habit, where the temperature and fever are very high, with flushed face, eyes congested, great nervousness, sleeplessness, delirium, or threatened convulsions, with tickling dry cough, this medicine will often prove more effective than any other. *Tart. emet.* the much lauded remedy for lung fever, has never, in my hands, so far as my recollection serves me, cured, or even afforded relief in any case; even the symptoms so often quoted from the provings of an "accumulation and rattling of mucus in the chest" is, in acute inflammation, much more promptly met by *Lycopodium*, and in bronchial catarrh, by *Stannum*—particularly where the patient raises every few minutes as though the whole lungs were being coughed up, a large mouthful of mucus of a *bluish color, resembling pus*, but with no fever, the pulse in an adult not being above 80 degrees. Even the bilious character of the case, the velvety feeling, or burning in the chest so often ascribed to *Tart. em.*, I have never been able to control with it, while the latter symptom will often disappear as if by magic from *Apis*. 200.

In articles of this kind, it is superfluous to quote *Materia Medica*, for it is to be presumed that every physician has in his office a work on this subject, where the provings of each medicine may be as easily read, as in our journals; and these bear about the same relation to clinical symptoms that revelation, or what is often regarded as such, does to natural law. They should be found to harmonize, but if not it is not difficult to determine which must yield.

C. PEARSON.

WASHINGTON, D. C.

HAY FEVER.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: Another season has passed, and has probably brought to all of us, yet more *new* cases of hay fever. And I presume it has persuaded a few more that there is no specific treatment for this disease.

Evidently it is on the increase, for, while ten years ago I seemed to be almost a solitary sufferer, now I find I have plenty of company.

As I am a victim, I have much to say on the subject, so I propose to give you a series of papers upon "Summer Catarrh," giving as full a history of this disease as I can gather, looking especially to the aetiology and treatment.

I am fully persuaded:

1. That hay fever is *not* cryptogamic in its origin, our microscopists to the contrary notwithstanding.

2. That it is a constitutional affection liable to involve other organs.
3. That a fully developed case is liable to have gastric, intestinal, or renal catarrh, alternating or following the nasal or bronchial form.
4. That this disease is liable to run its victims to the ground by any of these routes.
5. That the victims of the genuine autumnal catarrh, or hay fever, are always hydrogenoid subjects, apt to use water to excess, and any treatment to be curative must correct this constitutional bias.
6. That victims of this disease are rarely liable to winter colds.
7. That the remedies required for the relief of these subjects are many.

I wish to say to the profession, that any facts bearing on this subject, either clinical or summary, will be thankfully received, and due credit shall be given. I hope contributors will take note of the above points, and help me to make the work as comprehensive as possible.

A. W. WOODWARD.

140 WARREN AVENUE, CHICAGO, ILL.

THE COMING REPORT OF THE BUREAU OF CLINICAL MEDICINE.

At a meeting of the Bureau of Clinical Medicines, held in the parlor of the International Hotel, June 10, 1874, it was resolved that we should consider, at the next meeting of the Institute, Diabetes, and Bright's Disease.

Dr. H. N. Martin, Chairman — Pathology and Diagnosis of Bright's Disease.

Dr. W. Eggert — Differential Diagnosis of Bright's Disease and Diabetes.

Dr. W. H. Holcombe — Therapeutics of Bright's Disease.

Dr. S. Lilienthal — Therapeutics of Diabetes.

Dr. J. C. Ober — Clinical Cases of Bright's Disease.

Dr. J. Pettit — Pathology and Diagnosis of Diabetes.

Dr. W. H. Watson — Reflex Nervous Symptoms of Bright's Disease.

Dr. E. Beckwith — Reflex Nervous Symptoms of Diabetes.

Dr. J. F. Cooper — Clinical Cases of Diabetes.

The Institute expects papers on the above diseases from its members. Papers on other clinical subjects will be always interesting and welcome.

EPILEPSY — LACHESIS.— Dr. G. W. Bowen, of Fort Wayne, considers, from experience with a large number of cases, that *Lachesis* is the remedy for epilepsy.

DISCUSSION ON PREVAILING DISEASES.

BY THE CHICAGO ACADEMY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

TREMONT HOUSE, Oct. 8, 1874.

Dr. Fellows in the chair.

Dr. Foster, Chairman on Clinical Medicine reported: Prevailing diseases only severe colds; *Gels.* and *Kali bich.* most useful. *Kali* in bronchial troubles with heavy sputa. Bilious and typhoid fevers have been quite frequent. *Gels.* and *Merc. sol.* have done noble use.

For babies brought up without breast milk, the Anglo-Swiss condensed milk has done more than any other artificial food. Out of twenty-five babies, in only two it disagreed. Ridge's Food occasionally intercurrent, one meal a day, is markedly better than any other. Changing to other condensed milks many of his babies became sick. The genuine milk has no red mark. It is prepared in Switzerland.

In diphtheria, *Nitro-Muriatic ac.* is proving most useful in relieving pains, and acts also as a disinfectant, *Merc. iod.*, is the principal remedy.

Dr. Ludlam says cholera infantum deaths were mostly among the poor who employ Allopathic practice.

Dr. Miessler agreed with this observation.

Dr. Holbrook — I have not seen a case of cholera infantum this season.

Dr. Foster — Have seen cholera infantum and cholera morbus, but not so many as usual.

Dr. E. M. P. Ludlam — One case of a child dismissed, dropped dead on walk.

Dr. Mills spoke of a case cured by *Phos. acid 30.*

Dr. Foster — Anglo-Swiss milk may be substituted for the Eagle brand with advantage.

Dr. Fellows preferred the Eagle brand of condensed milk; children that do well when fed on condensed milk, when struck with disease soon wilt.]

Dr. Foster — Is that not true of all artificial food?

Dr. Fellows — Perhaps it is, but I have noticed it more with Condensed milk.

Dr. Colton Preferred husked wheat, potatoes, oat meal, etc., so that we can get the *Phos.* that is required. Roasted potato does well; has never found it to disagree; put nothing with it but salt, and if the mother is healthy she can masticate a little with advantage to the child.

Dr. Holbrook — Have found potatoes very bad food for infants.

Dr. Foster — Dr. C.'s remarks are peculiarly applicable. It will be found especially suitable for some children.

Dr. Holbrook — Don't think Chicago milk fit for children. Dairy milk is the best, and that from Dundee I have found to be the best,

though it is many hours, perhaps days, old before it is used. It is kept in ice.

Dr. Fellows — The application of the litmus paper proved it to be sour. Many specimens have been tested and every one showed an acid reaction. Therefore I do not consider it fit to be used.

Dr. G. D. Beebe — One thought in the diseases of childhood that should engage the attention of the profession, is a change of atmosphere. Even taking a steamer to Racine and back will often be a great benefit. Many of these little sufferers belong to the lower and poorer classes who are not able to take advantage of these benefits. Excursions for the poor should be encouraged, and I think that investigation will show that much of such charity comes from our school. A change of atmosphere, though it may be no better, will be of great benefit to these sick children.

Dr. Foster — If excursions two or three times a week during the hot summer months to and from Evanston for every poor mother who has a sick baby can be had, I will gladly advocate it.

Dr. G. D. Beebe — *Carbolic acid* 1-20 internally with a spray of same thrown into the throat, I have found of great benefit in diphtheria.

Dr. Tooker — My custom for years has been to get as much local effect as possible by blowing *Merc. cor.*, *Kali bich.*, etc., directly into the throat; liquids can be used in the spray.

Dr. Foster — I like *Mur. acid* very much in these throat diseases.

TREMONT HOUSE, CHICAGO, Dec. 17, 1874.

Dr. D. A. Colton in the chair.

The discussion was held upon the

EARLY WINTER DISEASES.

Dr. T. C. Duncan said: At the first blast of winter I was called to treat many cases of quinsy. Some were painless but more felt, when swallowing, as if a fish-bone were lodged there. *Hepar* was the remedy. For the last two weeks I have been meeting our annual epidemic of catarrhal fever. For some time before its appearance we were having warm, damp, smoky weather (electro negative) showing a lack of ozone; this was followed by a sudden burst of clear, cold (electro-positive), ozone weather. The first cases appeared before the change, and strange to say these were of the hydrogenoid constitution. The last cases to be affected were the oxygenoid, so-called, or *nervo-sanguine*. The first, or lymphatic, fleshy subjects had a high fever and severe pharyngitis, and some also laryngitis. In the young subjects it assumed the form of catarrhal croup calling for *Kali bich.* or *Hepar sulph.* But the chief remedy for the pharyngitis and laryngitis was *Merc.*

The second class attacked were those of the bilious temperament (carbo-nitrogenoid), and here the local symptoms were chiefly nasal and called for *Nux.*

The third and last class attacked had but slight fever and the disease was chiefly bronchial and confined to the left lung, calling for *Phos*.

Some cases of scarlet fever have been met. The remedy called for chiefly was *Arum try*. It is not the smooth variety but is rough and corresponds more nearly to rotheln or scarlet rash. Much scarlet fever is reported in the city but I have seen little of it. Diphtheria is also reported to be in the city, but I have not seen a case. It is said to be very severe in the Eastern cities.

Dr. Helen J. Underwood said that her practice was chiefly among chronic cases. The only prevailing trouble she met was obstinate constipation. She would ask if the lead pipes affecting the water had not something to do with it.

Dr. Dodge—I should judge by the "Health Reports" that cancer was a prevailing disease, as seventeen cases were reported in one week. He reported an interesting case of cancer of lower jaw. There was severe neuralgia and an appearance like ranula. This latter was relieved but the persistent pain lead him to suspect disease of the bone. It proved to be so, and the jaw was removed by Dr. G. D. Beebe.

Dr. R. Ludlam had met more cases of cancer of the womb than usual recently, but this is an uncommon occurrence. Met one rare case, i. e. cancer of the urethra. The prevailing disease he had met, was follicular tonsillitis. Had met no diphtheria. In cases of follicular tonsillitis, where the mucus is inspissated, the appearance and odor may be mistaken for diphtheria. *Merc. bijod* has been the chief remedy. Had met quite a number of cases of catarrhal croup. *Aconite* or *Spongia* had been of no service. The remedy that had done more good than any other was *Tart. em.* 3x in water. Had seen no scarlet fever.

Dr. Colton had three cases of scarlet fever of the semi-malignant type. *Bell.* was doing good service.

Dr. Ludlam—In reference to constipation would say, at his last clinic he remarked to the class that constipation seemed epidemic, for some eight cases all complained of this as a prominent symptom. He did not think the lead pipes had anything to do with producing this result. The pipes are soon coated with an insoluble salt of lead, and harmless.

Dr. Dodge—Do you use *Opium* for constipation?

Dr. Ludlam—In cases of children have found it of value. Related a singular case. Post partum, bowels loose, temperature 105 degrees, delirium; thought she would die, as she had two friends who had died under similar circumstances. Checked the bowels and she began to mend, and was four weeks without a stool. At the clamor of friends she was given an injection, when she had eight stools in twenty-four hours, and ran into a typhoid condition. The temperature ran very high, then fell very low, and the case looked dangerous. *Ars.* and *Verat.* controlled the diarrhœa and typhoid condition, and she has now gone two weeks without a stool. Now have put her on an old expedient, I have prescribed hundreds of times: i. e., a tablespoonful of bran moistened with water, taken every night. In cases where injections cannot be endured it is harmless and efficient. It always seems to me

that if we understood the physiology of digestion better, we would not resort to medicines so often in these cases.

Dr. Underwood — Might it not be due to paralysis ?

Dr. Colton — In adults where the stomach is at fault *Nux* has served me well. I have recently found *Pod.* 1st, and *Plumbum* 3 two doses a day alternately to work to satisfaction. In children I look upon obstinate constipation as due to incipient brain trouble. Only to-day I sent such a case, where it was teething, *Hellebore* to anticipate brain complications.

Dr. Duncan suggested that many of these cases of constipation were due to lack of fluids, particularly water.

Dr. Miessler has met many cases of chronic constipation in women. He advises them to drink more water, and finds *Nux* or *Bry.* to help. Irregular habits, he thinks, are responsible for much of this trouble.

Dr. J. R. Stevens, of Australia, had given this subject much thought. Drinking tea and coffee instead of regular meals was frequently the cause of constipation. Thought the frying-pan had much to do in causing it. He said there was much scarlet fever and measles in Australia.

Dr. Underwood thought that many cases in women were due to inaction of the abdominal muscles. The dress of women, as usually worn, weakens the abdominal walls.

Dr. Ludlam enquired of Dr. Miessler if the Germans, who eat soups largely, were troubled with constipation.

Dr. Miessler replied that constipation was rare among the Germans. He met it chiefly among Americans and those who took their heartiest meal at night.

PRACTICAL NOTES.

Cancer. — Dr. Dulac, (Bibliothèque Homœopathique, October, 1874.) recommends in cancer of the uterus, characterized by tubercles and fiery ulcerating excrescences, with frequent hemorrhages, lancinating, contracting pains, etc., that these remedies be given in the following order: *Graphite*, *Alumina*, *Sepia*, *Sulphur*. Of each a single globule of the 200th at a time, which dose must be allowed to act for two months, before a dose of the following remedy be taken. Only by such patient waiting will we be rewarded with better results.

I cannot repeat it too often, that my success in the treatment of phthisis tuberculosa arises from this patience. *Sulphur* 200th and *Calcare* 200th, of which, each dose must be allowed to act full two months, constitute my sovereign method. After *Calcare*, in most cases *Natrum mur.* will prevent relapse. This action of *Natr. mur.* explains to me also, why an Allopathic physician, an enemy to Homœopathy, prescribes salt so often to his consumptive patients.

A few words still on venereal diseases, which I have treated for years

with great success. Acute gonorrhœas need *Pulsatilla*, *Merc. viv.*, or *Silicia*. Each dose must be allowed to act six days. Sometimes I am obliged to give *Cantharis* after *Puls.* when there are lancinating, or incisive pains in the urinary organs with very painful erections. After *Cantharis*, *Merc. viv.*, and *Silicia* complete the cure. I have cured over two thousand cases with this sole treatment; *Cannabis* and *Petroleum* have rarely been of benefit. *Sepia* helps in non-virulent gonorrhœa; *Sulphur* and *Nitric acidum* in inveterate cases; *Sarsaparilla* and *Dulcamara* cure cutaneous ulcers; *Thuja* the phimosis; *Rhus. and Sulph.* paraphimosis; *Silicia* is the remedy for venereal bubo; *Merc. vivus* for chancre; *Arnica* and *Nitric acid* for orchitis. Condylomata is removed by *Thuja* and *Nitric acid*, but we frequently need also *Staphysagria*, *Calcarea*, and *Argentum nitricum*. *Lachesis* is specific in angina syphilitica. *Phosphor. ac.*, *Sil.*, *Rhus.*, *Sulph.*, cure the exostosis; *Arum* and *Nitric acid* the caries of the bones; *Staphys.* the osteocopic pains and the sleeplessness, and at the same time the shame and the regrets which haunt the patient.

Tœnia.—*Silicia* preceded by *Sulph.* more than by *Calc.*, one following the other after an interval of two weeks, has succeeded to expel tœnia, of which patients suffered for over ten years.

Acne—Dr. Hirsch, of Prag, (*Internationule Presse*, 9, 1874), recommends *Calcarea carb.* 3d, a dose morning and evening, for acne, indurata or punctata, an eruption of great annoyance to young people, and succeeds mostly to restore the tint in five or six weeks. He recommends a strict Homœopathic diet and warns against late suppers. In many cases he observed hypertrophy of the thyroid gland, a decided hint of a lymphatic constitution. He used to rely in former years on *Natrum mur.* 6th, and *Conium* 6th, a drop morning and evening, but prefers now *Calcarea*, as with it more rapid cures may be expected.

S. L.

DISCUSSION ON ECZEMA AND SMALL-POX.

BY THE ONONDAGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of this society was held at Dr. Clary's office, in Syracuse, N. Y., on Tuesday, November 17, 1874.

The President, Dr. H. V. Miller, in the Chair.

The censors were only able to report progress in relation to the granting of licenses under the new law, to the four applicants, Chiddister, Flint, Sullivan, and Chase. The latter had withdrawn, taking away his thesis, after having seen a list of questions to be submitted on Physiology. The remaining three candidates had been examined, and each had presented a thesis.

Dr. Wm. A. Hawley moved that the fee for a license granted by this society be fixed at twenty-five dollars. Adopted.

It was further moved, and carried, that the Censors procure and furnish licenses, with a seal, to be signed by them when needed.

The President, Dr. H. V. Miller, read a paper on Medical Tactics, which was listened to with great interest. [Will appear shortly.—ED.]

The regular subject for discussion,

ECZEMA,

was then taken up.

Dr. Clary knew it to be a common and exceedingly troublesome disease, especially in children. He had also seen very serious eczemas in the adult. He related an aggravated case occurring in a young married woman, in which the pain and itching were of the most agonizing character. The discharge from the diseased surface was so great that the sheets had to be changed every hour. We rarely see it occupying so much surface. He spoke of the different forms and classifications of the disease, giving its pathology, course, and treatment. Remedies were used according to indications; thought those most likely to be called for were *Rhus*, *Graph.*, *Sulph.*, *Ars.*, *Petrol.*, *Dulc.*, and *Iris versicolor*.

Dr. Hawley had treated many cases of this disease during his service as Physician to the Onondaga County Orphan Asylum, and found it more frequently occurring among those children who were brought in from poor habitations and squalid poverty—who had suffered from inanition. So soon as they were put upon a better diet eczematous conditions developed themselves. Regarding local treatment, he had observed that any and all greasy or oily applications aggravated the disease. He gave indications for the use of *Rhus*: incessant itching and scratching, and the more they scratch themselves the more they want to. He mentioned the case of a child that was raw with eczema from the wrist to the ankles, with great itching and serous discharge. *Rhus*. 200, one dose, cured in a few days.

Arsenicum: Itching of the skin, and if scratched leaves a sore, burning sensation.

Graphites: Profuse watery secretion in eczemas occurring in blondes who are inclined to obesity.

Cicuta virosa: No itching; exudation dries down into a hard, lemon-colored scab.

Sulphur, *Dulcamara*, and *Pulsatilla* had always disappointed him in eczemas.

Dr. Brewster reported a case of eczema of the face and scalp of long standing, which spread from the ear by a fine, watery vesicle, drying down into bran-like scales. *Ars*. 10m had almost entirely cured the case, after many other remedies had failed. He related another case of eczema of the leg and thigh, of two years duration, occurring in a scrofulous subject. *Lach*. 200 cured it completely.

Dr. Crowell related a case of eczema of the pudenda in conjunction with leucorrhœa. The proper Homœopathic remedy had removed the eczema, and with it the leucorrhœa.

Dr. Clary said that there were no well-marked diagnostic symptoms

between many of the skin diseases, and thought the books described too many varieties of such diseases.

ABOUT SMALL-POX.

Dr. Hawley spoke in defense of certain physicians who treated a recent case of small-pox, and called it lichen, and from which cases of small-pox had spread. He said that from what he could learn in relation to the case the disease had not progressed far enough for them to determine as to its exact nature.

Dr. Clary said that from the objective symptoms one could not with certainty always diagnose between small-pox and chicken-pox during the first few days, and was glad to hear the explanation in regard to the case in question.

Dr. I. G. Bigelow mentioned a case of small-pox in which he had decided as to its nature before the appearance of the eruption, by the peculiar roughened and "shotted" appearance of the skin.

Extended remarks were made by a number of the members regarding their experience in the use of vaccine virus. Cases of death from inoculation with bad matter were related; also several aggravated cases of blood-poisoning.

Dr. Hawley thought that vaccination run out in the course of time, and related cases to prove the truth of the assertion.

Dr. Clary thought that genuine vaccination did not run out, and considered it as good a protection as one could have—fully as good as small-pox itself. He related the case of a man who had been thoroughly exposed to small-pox, and who had never been vaccinated. The doctor vaccinated him from a humanized vaccine crust, and at the same time inoculated him with virus from an active small-pox vesicle. The vaccination from the humanized crust went along and worked nicely, while the inoculation from the small-pox vesicle dried down. In regard to the transmission of syphilis by vaccine virus, the members were divided.

Subject for discussion at the next regular meeting, December 15, 1874—Primary Fever.

Adjourned.

U. H. BROWN, Sec'y.

OUR WAY OF THINKING ON PRACTICE.—In our reasonings, discussions, and explanations, we are apt to think that all should see through our glasses—from our point of view, and as far, wide and deep as we see, when the fact is we have adjusted our "specs" many times, gradually scaled the pinnacle of thought, strained our eyes to the utmost, and have studied and "taken in" the whole field only after long and persistent effort. *Our way* of thinking, observing, and describing has much to do in reaching a given result, and in giving us a bias. We belabor the Allopaths for not embracing Homœopathy; but if we study their way of thinking and looking at things, and especially pathological results, it is evident to any one (there it is again—we mean, to such)

that they have no more conception of the law of Therapeutics than had Hahnemann while experimenting with cinchonia bark. *Similia* did not dawn upon Hahnemann suddenly, but a long course of experiment and thought was necessary for his mind to grasp it. Every one who comprehends Homœopathy completely (and few have) must go through about the same long wilderness of thought and experience. Our Allopathic friends, the best of them, have just comprehended the want of a Therapeutic stool, but whether it must have three legs, or only one, they have not even begun to think about. The Alpha and Omega of their thought is pathology, and some of our men are not much ahead of them.

Pathological Department.

ON THE PATHOLOGY OF PURPURA HÆMORRHAGICA.

BY THE MEDICAL SOCIETY OF LONDON.

Dr. Richardson read a paper, November 9, 1874, in which he said that it had often happened that one or more distinct diseases had been discovered to exist under a single generic term. This particularly obtained in respect to the application of the term Purpura Hæmorrhagica. In the short and practical paper which followed, Dr. Richardson defined three forms of purpuric disease, each having a distinct pathology, etiology, diagnosis, and prognosis, and each requiring a particular treatment. To the forms thus referred to he applied different names, viz.: (1) aqueous purpura; (2) saline purpura; (3) vascular purpura.

Aqueous purpura was so named because in it the water of the blood is in excess, and the colloidal and crystalloidal parts are relatively diseased. There is no evidence that the actual quantity of fibrine is reduced, but it is distributed through too large a volume of water. Hence the blood, imperfectly protected by its coaguline fibrine, is ready to flow from the vessels like water from the smallest wound. It is also ready to diffuse through vessels that may be injured by a blow, or by pressure. This type of purpura has been studied by the synthetical method, and comparisons were drawn by the author between the blood observed in those researches and the blood of the human subject under the disease in question. The origin of this type of the malady was traced to hereditary causes mainly, but it may arise from mental shock. Two cases illustrative of this origin were related, in one of which the

symptoms came on after fright; in the other after sudden and intense grief.

Saline purpura was so named because in it the blood is not surcharged with water, but is surcharged with some saline soluble substance by which the plastic colloidal fibrine is held in undue solution in the water.

The synthesis of this type of malady was also explained. The disease is not hereditary, but is induced by some error of diet, or other cause that increases the solubility of the fibrine through the blood. The true scorbutic eruptions and scurvy of the old school of physic come under this head. The author added that he had seen this type of purpura induced by the excessive use of *Chloral*. Much loss of blood is not common in this type of purpura, but passive exudation from vascular parts, as from the jaws, are common with the excess of saline matter. The blood, in fact, will transude from both structures; but after it has passed from the body the fibrine will slowly separate and become pectous.

Vascular purpura is a type of the disease in which the blood is not modified at all; the proportions of its water remain the same as in health, but owing to some defect in the vessels of the minute circulation those vessels allow the blood to escape if they are subjected to any blow, or strain, or pressure. The nature of the vascular change is obscure: it may be a paralysis of the vessels; but the author is rather inclined to think it due to some actual structural modification of the vessels themselves. The subjects of this type of purpura are usually young, and, as a rule, they present some deformity, more or less marked, of the skeleton.

The diagnosis, differential and general, of these three types of purpura were minutely described, the different characters of the symptoms being defined with especial care; particularly it was pointed out that in the vascular type of the disease the eruption was hard and prominent, from the fact that the blood is natural, the fibrine separates when it is thrown out, and coagulates then. There is sometimes a combination of these types of purpuric disease. Dr. Richardson related a most interesting fact of this nature in the case of a patient from whom an extremely fluid blood flowed from five points on the surface of the body. The paper included finally a review of the special modes of treatment required in each type of purpura that had previously been described. A special point was made of the best method of arresting the hæmorrhage from wounds—as after the extraction of a tooth, in instances of aqueous purpura. In six cases of this kind to which Dr. Richardson had been summoned to stop what was found to be fatal hæmorrhage, the flow of blood had been checked by the attention paid not less to the general than to the local measures. The general treatment consisted in sustaining the patient with food and administering mineral acids internally, even though the flow of blood were still imperfectly stanchèd. The local method consists in applying with firm pressure a plastic styptic to the bleeding part; caustic styptics were specially condemned. In conclusion, the value of *Turpentine* for the treatment of the vascular variety of purpura was strongly enforced,

and rules for the subject of each type of the disease were specified. In the discussion which followed the President complimented Dr. Richardson on his useful and convenient classification of purpura, which might lead us to a better knowledge of the causes of that symptom, and to its more scientific treatment. He had seen a well-marked purpuric eruption in a patient deeply imbued with syphilis, and wished to know in what class this instance would be included?

Dr. Daldy had seen several cases of purpura among people living in the low lands near Lewisham, and found it was generally connected with enlarged spleen.

Dr. Hare had seen a most acute case of purpura occur in a man aged fifty, living at Chelsea. At first sight the patient presented the appearance of suffering from glanders. Both face and neck were a mass of extravasated blood patches, which spread afterward to the body, assuming at first a symmetrical character, but eventually covering the whole body. He died in twenty days from the commencement of the disease, and a cavity was found in one lung, which Dr. Hare considered had something to do with the origin of the complaint.

Dr. Cleveland said he had seen purpura occur in patients of all ages—in the child of a few months and in persons over eighty. The worst case he had ever witnessed was one mistaken for malignant small-pox, where blood flowed from every pore, and hæmorrhage took place in the nostrils, bowels, and stomach, soon ending fatally. Though *Turpentine* was good in these cases, he found *Acetate of Lead* better than all; and as an instance of Dr. Richardson's third form of purpura, he related a case where a large spot of extravasated blood on one of the limbs was accompanied with aneurism of the aorta, thus showing the tendency of the vessels to degeneration and rupture.

Mr. Woodhouse Braine had seen a good instance of purpura following the use of *Chloral*. A gentleman at sixty had been given *Chloral* to induce sleep, in doses of 1 dr. the first night, 10 gr. the second, 2 sc. the third, and then $\frac{1}{2}$ dr. for two successive nights. On the sixth day large purpuric spots appeared on the calves. On two other occasions he took the same doses of *Chloral*, with the same effects.

Dr. Theodore Williams highly praised Dr. Richardson's classification, being based as it was on the analysis of the blood, and would prove very useful to future workers, though modification might become necessary, especially to the connection of purpura with diseases of various organs. He was surprised at no mention being made of the common occurrence of purpura with diseases of the liver, especially in jaundice, where purpura, chiefly of the lower extremities, often made its appearance when the jaundice had lasted long; it was by no means rare in the later stages of granular kidney. Its occurrence in malarious districts was well known, and of its following the use of *Chloral*. Dr. Williams gave a marked example of an asthmatic who took *Chloral* for three days at the rate of a scruple every three hours; the asthma ceased, but a purpuric eruption appeared affecting the lower extremities and abdomen, and lasted two days. Its disappearance was followed by a return of the asthma.

Dr. Hare remarked on the fatal prognosis which purpura in scarlet fever generally indicated. He had never known a case of scarlet fever where even one purpuric spot appeared that had not proved fatal.

Dr. Sansom dwelt on the great difficulty of diagnosing purpura from some forms of variola.

Dr. Richardson had kept quite clear of variola and scarlatina, which, with cases arising from marsh miasm, he regarded as the result of severe blood poisoning, forming a class by themselves; syphilitic purpura, and that arising from poisoning by *Chloral* or *Mercury*, he would include in class 2, or saline purpura; and he remarked that both fibrine and albumen had been diffused with saline and then dialysed through animal membranes. He was sorry to say that as yet he knew little about the pulse in purpura, and hoped for future observation on this point.—*Medical Press.*

[The most important Homœopathic remedies are *Phosphorus*, *Ledum*, *Bryonia*, *Arnica*, *Arsenicum*, *Lachesis*, *Sulphuric acid*, *Hamamelis*, and we may add *Conium*, *Cicuta*, and now *Chloral*. These should throw some light on the pathology of the disease. The presence of purpura in meningitis ought to shed some light upon it also. It is probably a splenic disease. What is the observation of our readers on its pathology, and experience in its treatment?]

TUBERCULOSIS NOT INOCULABLE.—In a late communication to the Academy of Sciences of Paris, M. Metzquer tried to upset Villemin's doctrine. For the last five years the author has made experiments (from seventy to eighty), under the direction of Prof. Feltz, of the Faculty of Nancy. He never succeeded in inducing pulmonary consumption in the inoculated animals. The results were capillary embolism, infactus, vesicular pneumonia, etc., all of which lesions have (the author maintains) been confounded with tubercle. Tuberculosis may however, be generated in animals (says M. Metzquer) without inoculation of tubercular matter by rough treatment, bad food, and, strange to say, by inflicting a wound upon them.

[That looks like a distinction without a difference. Tubercles we believe to be only masses of white blood corpuscles.]

EPILEPSY CAUSED BY NEUROMA.—At a recent meeting of the Clinical Society of London, Mr. Barwell related an interesting case of a soldier, aged sixty, who had lost an arm in India, in 1846, two years after which epilepsy set in. On examining the stump, a neuroma was found, any pressure on which produced a fit. These fits became at length so numerous that Mr. B. was induced to cut down upon and remove the neuroma. At last accounts the man had had no more epileptic fits, and was much improved in appearance and intellect.—*Medical and Surgical Journal.*

Surgical Department.

REPORT ON SURGERY.

READ BEFORE THE SURGICAL SECTION OF THE CHICAGO ACADEMY
OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

In the brief paper or rather memorandum which I have to offer the academy this evening, I shall not pretend to make what should be dignified by the name of a report on surgery, which would contemplate a somewhat careful review of the surgical history and literature of the last few months. This would be superfluous and irksome to those who are already familiar with the journals of the day. Two or three points may be mentioned, however, as having excited some interest in surgical circles.

BLOODLESS OPERATIONS.

Professor Esmarch, of Germany, has, somewhat more than a year since, brought clearly to the attention of the profession a plan for avoiding hæmorrhage during operations upon the extremities. This procedure which has received the name of "Esmarch's Method," is so simple, efficient, and readily applicable that it deserves to rank as a valuable discovery. It consists simply in enveloping the limb in an india-rubber bandage, commencing at the periphery and extending above the point selected for the operation and there applying a tight ligature of rubber cord or tubing, after which the bandage is removed leaving the limb completely exsanguinated, in which condition it can be operated upon with as little hæmorrhagè as would occur from a cadaver. After the completion of the operation and the securing of the vessels, the blood is admitted by removing the ligature, when, of course, some oozing will occur for a short time. This method wherever applicable has the advantages of avoiding the troublesome sponging so annoying during a delicate or difficult operation. It preserves all the blood within the body, (a very important item in some cases) and it presents the tissues in a much cleaner and dryer condition for the examination as to their condition of health or disease. It has the disadvantage sometimes, if prolonged, of retarding the healing process in the flaps or even in some cases producing sloughing of their edges. Every practical surgeon, however, will readily see how he can make this simple expedient exceedingly convenient under some circumstances. I have only had occasion to employ it in amputations of the fingers, and was very much pleased with the cleanliness of the operations and the ease with which the manipulations were performed in the ab-

sence of the blood. Union occurred as usual by first intention without a drop of pus, though the flaps were brought together and the sutures all adjusted before the blood was admitted.

THE RUBBER LIGATURE AGAIN.

Professor Dittel, of Vienna, has also brought the rubber ligature before the profession more fully than has been done heretofore, and attempted to extend its application much more widely than surgeons generally will sanction. He had his attention attracted to the subject, by a case in which a rubber string, which a child had been compelled to wear about her head, had cut not only through the scalp but even through the skull into the brain producing death. Following this hint he and others have applied the elastic ligature to a great variety of uses even to amputating limbs, breasts, large tumors, etc. Such extreme use of this appliance will doubtless impress thinking men as absurd unless in very exceptional cases. It is of course unnecessary to say that this device is in no sense new or original with Professor Dittel. It was at least four years ago that I suggested the use of the rubber ligature to constrict the neck of the cyst in a case of occipital meningocle then under my brother's treatment. In that case, as he himself has, I believe already reported, the ligature was supplemented, after gangrene of the tumor had commenced, by the wire ecraseur and thus much delay avoided, and a very rapid recovery effected. Dr. Burt also presented this appliance in a paper read before the Illinois Homœopathic Medical Society two years ago, so that at least in Chicago among Homœopaths this is no novelty. It has its uses which are good and legitimate, and when sensibly employed the rubber cord will prove a very valuable article in the surgeons armamentarium.

PLASTIC SURGERY.

One of the most valuable contributions to plastic surgery has somewhat recently been made by Sir Wm. Ferguson in his method for operating upon fissures of the hard palate. This seems to render success in these cases attainable even in the severest forms, and that also at so early a period that it will no longer be necessary to delay until vicious articulation shall have become an incurable habit. Instead of dissecting up the soft tissues and gliding them over the hard palate Sir William carries his incisions through the hard palate on either side and parallel with the cleft, springs the two strips of bone with their coverings together in the median line and there secures union; finding the two clefts thus left on either side readily close by granulation. This simple and yet bold and original procedure promises to make a grand stride toward success for the operation of staphylorrhaphy and uranoplasty.

SOME FACTS ABOUT CANCER.

Probably no surgical topic commands more attention or interest at the hands of the really progressive men in our ranks to-day than

cancer. So much has been said and written that it seems almost a trite theme, and still very much remains to be said, and an astonishing amount of ignorance remains to be dispelled before either the people or profession will become really enlightened upon this subject.

It seems at first sight incredible and incomprehensible that hundreds and even thousands of otherwise intelligent people are in this day of surgical science and medical progress, deliberately turning their backs upon the educated profession, to throw their money and their lives away upon a set of the most ignorant and unscrupulous villains whom an enlightened community even allowed to go unhung. It is unnecessary to cite illustrations, every one here present must have known instances enough where the victims of this terrible disease have clutched at the delusive phantoms of the fair promises of these so-called "Cancer Doctors," only to find themselves lured on into the jaws of a terrible death. What are the influences which impel people to such a course? In the first place, there is in the mind of people generally, an insane horror of the *knife*, and a large majority will do almost anything and suffer almost anything and for an incredible period, rather than submit to the simplest and most harmless operation, in which a knife is employed. This prejudice is encouraged and fed by these quacks, who also impress upon the public the idea that all cancers have long and penetrating *roots* which ramify through the tissues, and that their plasters have the miraculous power of extracting these roots without injuring the healthy tissues surrounding; that of course "the knife" could not possibly do this, and that so long as these "roots" remain, or any vestiges of them, the cancer is certain to grow again. No enlightened physician needs to be told these notions are abominably false, and worthy of nothing but the superstition of the dark ages. We all know that a cancer has no more roots than an apple dumpling; that the villainous caustics employed will destroy all living tissues they come in contact with, regardless of health or disease, and that the knife guided by the experienced hand and eye of the skillful surgeon, can discriminate a thousand times better than any other agent, between the normal and the abnormal, removing the latter with the greatest possible safety, with the least possible pain, in the shortest possible time, and with the least possible waste of healthy tissue. Nevertheless the profession generally does not speak out clearly and unmistakably on this point. We even find some unscrupulous enough to pander to these popular delusions for the sake of the patronage they know they can thus secure. But another very potent cause in producing this state of things, is the fact that most surgeons, especially those of the allopathic persuasion, seem to have given away to despair and abandoned all efforts to combat this enemy of the human race. When consulted, they say, yes, you have a cancer, it can be removed but it will probably return again and worse, than before, the operation may hasten and cannot do more than postpone the final catastrophe so you had better let it alone and make the best of the little you have of life. They sit serenely upon the rocks gazing upon the poor wretch struggling in the vortex below, and in reply to his agonized cry for help they placidly re-

ply, oh, we can't do anything for you, we have only a slender cord and if you were to get hold of that it might break and let you in again, although if they would but reach out their hands they might lay hold of abundance of life saving apparatus. With such consoling (?) assurances is it to be wondered at that the victims clutch at the straws and chaff thrown to them by quacks and charlatans and it may be that some are even saved thereby?

It is now nearly six years since I first suggested the theory that cancer was due not to any blood poisoning but to a lowering of the vitality of the tissues, and was consequently rather a disease of the nervous system than of the blood. In that view I was entirely alone so far as I was then or am yet aware. Dr. G. D. Beebe, to whom I broached the theory, thought I was making a hobby of the nervous system, but I have been pleased to observe that he has since that time adopted the theory I then urged. Within the year past certain English writers, or one at least, has advanced views looking in the same direction, so that it seems clear the time is not far distant when the long dominant theory of the hæmatic origin of cancer will be consigned to the realms of the past, exploded. The more carefully we study and observe its origin and causes, the more evident does it become that in its inception cancer is the result of a depreciation of the vitality of a part or the system at large. If of the system at large, then its location in a particular organ is determined by some special irritation of that organ in addition to that of the rest of the body. In almost every case, I believe we might trace the origin of cancer to some long continued irritation or congestion of the part or to severe depressing mental or nervous influences, or to both. This explains why women are so much more frequently its victims than are men; why it so often locates in the female breast or generative organs, especially about the climacteric period; why benign tumors often assume a malignant nature; why inveterate smokers of short pipes suffer from epithelioma of the lips; why chimney sweeps have cancer of the scrotum, and why anæmic, cachectic persons are so often attacked as to give origin to the term cancer cachexia, when the cachexia was of the nature often of a cause not an effect of the disease. The ætiology of this disease is exceedingly important because it must to a very large degree determine the character of the prophylactic and remedial treatment, both medical and surgical. In what I have said as to the original cause of cancer, I do not wish to be understood as denying or doubting that cancer cells having been developed, may be transplanted by the lymphatics and so originate new centres of growth and propagation. There is little room for doubt (although even that is not positively certain) that the cancer cell having once obtained an existence is capable of self multiplication even when transferred to a new location, within certain limits. We have no evidence, however, that cancer is in any sense inoculable from a diseased to a healthy individual, nor that the cancer cell could obtain a foothold upon normally vitalized tissues. If these views are correct, our treatment should consist, first in removing all diseased growth by the quickest, the least irritating and depressing means possible, and in

avoiding all local or general irritants or depressing influences so far as it is possible, also to fortify the vital forces in every way within our power, by medical and hygienic means so as to prevent the continuance or reproduction of the morbid processes we are combatting. We shall find that all the most effective means of treatment have been efforts in this direction, and in just the degree they have accomplished these objects, in that degree have they been successful in curing the disease. From what has been said it needs no argument to prove that in the great majority of cases, indeed in nearly all cases where it can be used the knife is incomparably the best means for removing the diseased mass. In some cases the galvanic *ecraseur* may be very advantageously employed especially where the use of the knife is not practicable; and in very small or superficial operations the galvanic cautery, or even the *Nitrate of silver* would meet the indications. The latter agent has, as is well known, a remarkably stimulating influence over the growth and repair of tissue, and for that reason should take the precedence of all other escharotics. As to medicinal means, I need not remind any Homœopathic physician of the influence over the nervous or vital and vegetative forces possessed by such remedies as *Arsenic*, *Calcarea, carb.*, *Conium*, etc., which have been reputed to cure cancer; and *Carbolic acid*, which out-ranks them all, is undoubtedly the most powerful vital or nervous stimulants of which we have any knowledge. At least this seems to me to be the principal element of its value in therapeutics and surgery, after carefully observing its effects in a great variety of uses since very soon after its introduction. The Homœopathic action of the new remedy, called *Lapis albus*, seems from what we can learn, to lie in this same direction, and from all analogy, we have great reason to hope for most valuable results from its use. Without pausing to amplify further upon these points, I will briefly report two cases, lately operated upon, as illustrating the subject in hand.

John Haywood, an Englishman by birth, farmer, somewhat above sixty years of age, was admitted into Hahnemann Hospital, May twenty-first, with epithelioma of the lower lip. About two years ago burned his lip upon the stem of a clay pipe, to the use of which he was addicted. The burn resulted in an ulcer which never healed but spread and developed an epithelial cancer, increasing slowly in size until within the previous few weeks, during which it had developed so rapidly as to make immediate interference imperative. Upon examination the disease was found to extend from the left corner of the mouth and the mucus surface of the cheek along three-fourths of the extent of the lip. The central portion of the diseased tract was occupied by an alveolar mass, equal in size to a black walnut. On May twenty-second, assisted by Drs. Adams, Foster, and Roberts, I removed the entire diseased portion of the lower lip, embracing about three-fourths of its margin, by a "V" shaped incision carried well down to the apex of the chin, and drew the flaps together with interrupted silver and silk-worm-gut sutures, supported by adhesive straps. The incision closed by first intention, and within a week the sutures were all removed and the case

dismissed cured; although the medical treatment has been continued up to the present time and will be for some months longer. In operating I failed to include quite all of the ulcer within the corner of the mouth, and was very apprehensive I should have trouble from this source. It was, however, cauterized with *Nitrate of silver* and immediately disappeared. There has been up to this time no tendency toward redevelopment, and the mouth is in all respects very presentable and satisfactory, showing remarkably little deformity considering the amount of tissue removed.

On August fourth, I was consulted by John Bergh, a German, farmer, aged seventy-two years, for a very extensive cancer of the face, which he said had been growing for eight years past. This was also upon the left side of the face. He had been an inveterate smoker until two years since, when the disease had compelled him to abandon his pipe. The disease commenced from an accidental bite of the lip in consequence of a heavy blow upon the head. On examination, the face was found to be involved for a distance of about two inches below, above, and outside of the corner of the mouth, and extending very nearly to the median line along each lip. The lip and cheek were thoroughly infiltrated and adherent to the jaws, and within the cheek was a mass as large as a hens egg. The mouth could not be opened enough to admit the tip of the little finger, and in consequence he had suffered for want of proper nourishment.

Upon the following day, August fifth, assisted by Drs. Woodyatt, Roberts, and F. Duncan, I removed the entire diseased mass by an incision commencing about the middle of the lower lip downward and outward nearly to the border of the jaw, thence backward and upward some distance outside the corner of the mouth, in a curved line, to a point midway between the angle of the mouth and the eye, thence downward to the middle of the upper lip. The dissections had to extend still further inside the cheek to remove the mass above mentioned, which was found adhering to the upper jaw. In order to fill the huge chasm thus opened, it was necessary to carry an incision along the border of the jaw, nearly to its angle, and dissect up the cheeks and lips upon either side, so as to expose nearly the entire lower maxilla. By this means we were enabled to glide the flaps forward and secure perfect union throughout by first intention — a result, I confess, I had very little hope of securing. Although the dissections were carried so close to the disease as to make it extremely doubtful if all the cancer had been removed, there has been thus far no evidence of a redevelopment, but of course, treatment is rigidly continued, and will be for a considerable time to come. The patient left the city at the end of three weeks upon parole, to report at stated periods for inspection. It would be difficult, I imagine, to find a more desperate case of this disease than this was, and certainly the result leaves very little to be desired.

In the light of all the observation and experience I have been able to avail myself of, I can say emphatically, that all cases which are susceptible of complete removal are *curable* and *there need be no doubt* as to the possibility of preventing redevelopment.

A. G. BEEBE.

SURGICAL NOTES.

RUBBER ROLLER COMPRESSION.— Besides compression for bloodless amputation, it would seem desirable to apply the india rubber roller for a number of purposes. For instance, in varicose veins, indurations, and tumors, also, in dropsy of the legs, in lieu of the old time bandage (which is often found invaluable as a palliative). In elephantiasis and in capillary aneurism, it may be expected to do great good.

In ganglion of the wrists, I have tested elastic compression by india rubber, giving *Silecia* 200th internally, once a week, entirely dissipated the enlargement in a few weeks. Broad bracelets of sheet-rubber were used — just as sold by dealers.

In tumor of the extensor indicis tendon, in a little, unhealthy boy, (a strain being its apparent cause,) I treated the case, with prompt success, with *Causticum* 200th, and elastic garter-tissue around the hand and then crossing around the wrist, the ends being sewed together.

Elastic pressure has much to recommend it, as against that which is inelastic, in a great variety of cases.

CARBOLIC CAUTERY vs. NŒVUS.— Not only small cancers, (as I have formerly reported,) are perfectly removed by *Carbolic acid* cautery, when properly applied upon a dry surface, but lately, I also find this a perfect application to small capillary aneurisms, or nœvi.

Just as with the former, the *acid* is applied in the latter case, by the clean end of a friction match, slightly split, for obvious reasons, three or four times at a sitting, allowing it to dry each time, and repeating twice a week, speedily reduces a superficial portion of the cutis, including the enlarged vessels, to a dry scab; this on separating, leaves a perfectly normal surface.

I have not yet tried the method against varicose veins, but believe that such a vessel may be thus successfully attacked at any point favorable for other procedures, with a view to obliteration, using, of course, rather more vigor than in the foregoing.

For the abortion of primary syphilitic forms, I would suggest the same treatment, with considerable confidence, without having yet tested it.

In ulceration, *Carbolic acid* is a desiccant, hence, suitable only when moisture is over-abundant.

J. C. MORGAN.

PHILADELPHIA, Dec. 1874.

SECALE IN ANEURISM.— About a year ago you mentioned in *THE INVESTIGATOR*, a fact concerning the use of *Secale* in aneurism. Since that case was referred to I have had two cases of aneurism of the mesenteric artery (both women), and they have been entirely cured with *Secale* 200. One was better in three days, and well in as many weeks; the other not so quick. In one case the tumor, as felt, was about four inches long and one inch in diameter. The patient being lean, there was no chance for error in diagnosis.

G. M. PEASE.

SAN FRANCISCO, Cal., NOV. 26, 1874.

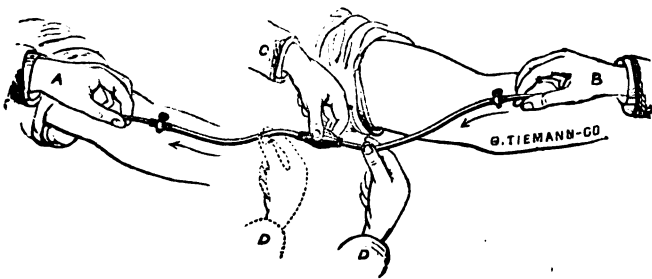
INCURABLE SURGICAL DISEASES.

We are frequently asked, by letter and otherwise, "can you cure so-and-so," and in a great many instances we are asked to perscribe for some condition not in any way the result of diseased action. A man receives a stellata or depressed fracture of the skull, at the time of the injury the splintered internal table gave so little trouble that the true nature of the case was not suspected. In throwing out callus, nature had been so lavish in the supply, that a small spicula of bone assumed the proportions of a tumor. Another case: A double fracture of the arm, caries of the radius and ulna. In the latter case the callus is in quantities sufficient to fill up the interosseous space, and when organized prevents supination, and pronation, thus impairing the usefulness of the limb very materially. The same accident may occur during the progress of caries, nature making strenuous efforts to repair the loss of tissue, and, indeed, throwing out *more* than sufficient material, but mal-applies it.

Now then these contingencies frequently occur, and represent very fairly, the subject of many communications we receive. First, it may be set down as a fact, that none of the conditions are diseased, and how can they be treated as though they were? Remedies will produce metamorphosis, evolution, (or what you will,) of the products of diseased or abnormal action, but will not so affect normal products, even when in excess. That is, you *can* produce retrogression of these products, but only by setting up diseased action. Scorbutic conditions are often characterized by absorption of callus, but it is not a healthful action. When we say, therefore, that surgical diseases are curable, we must exclude from the category all such abnormalities as those referred to. Large callus cannot be treated as exostosis, and it will not do to confound the terms.

J. G. GILCHRIST.

TRANSFUSION is one of those simple operations which sounds so formidable that few physicians undertake it, even where there is a prospect of good results. To show how simple it is, we here give a view of

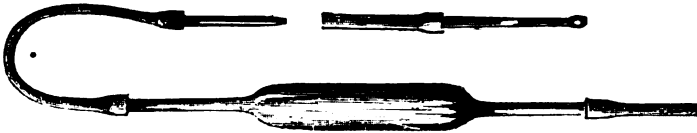


Aveling's Transfusing Instrument (\$8.00). After the physician inserts

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the needle into the median vein of a healthy person at B, the other needle is inserted into the same vein of the patient at A. Two assistants, C and D, connect the needles with a rubber tube, previously warmed in warm water. The connection may be first made at B, and when the blood flows through the tube, then connect it at A. In this way all air is excluded. That is direct transfusion.



The McDonald instrument (\$4.00), introduced by Professor J. W. Freer, of Chicago, is a still more simple instrument. The glass bulb may be immersed in warm water, and thus the proper temperature maintained. With two pieces of rubber tubing, three pieces of glass tubing, and a little mechanical ingenuity, any one may perform transfusion at any time. If a healthy person cannot be had, a lamb is the latest source of supply. For sale by Bliss & Torrey, Chicago.

Materia Medica Department.

BUREAU OF MATERIA MEDICA OF THE AMERICAN INSTITUTE OF HOMEOPATHY.

At the recent session of the Institute, the Bureau of Materia Medica selected, as the subject for study during the current year and for report and discussion at the next session, the very important topic which was proposed but not discussed by the Bureau, last year, viz. :

PRIMARY AND SECONDARY SYMPTOMS OF DRUGS.

The Chairman of the Bureau earnestly requests, and will be most happy to receive communications from members of the profession conveying their views and observations or experiences supposed to elucidate any portion of this subject. To show its importance and magnitude, it is enough to state that some members of the profession deny that there is any good ground for dividing the symptoms of drugs into primary and secondary symptoms; while, among those who admit such a division and use these terms, there is great diversity of opinion as to *what constitutes a primary and a secondary symptom*; as to the relation which these symptoms respectively bear to the physiological condition

of the organism; and not as to the *mode of distinguishing* primary and secondary symptoms. The first division of the subject, therefore comprehends the *defining* and *distinguishing* of primary and secondary symptoms.

But, granting that we have a definite idea of these classes of symptoms and can recognize and distinguish them, what practical use may we make of this knowledge? The highest authority in our school, at one time pronounced *primary* symptoms of drugs to be the *only ones* on which the selection of the remedy should be based. Others have seemed disposed to say the same of *secondary* symptoms. The majority of practitioners have, perhaps very misty and ill-defined notions on the whole matter. The second division of the subject, then is: What is the value of primary and secondary symptoms of drugs, and of the distinction between them, as *guides in the selection of remedies in practice?*

And a third division involves the question of the importance of the distinction between primary and secondary symptoms of drugs as affecting the *size and repetition of doses in practice*. Some physicians have maintained that the solution of the "vexed dose-question" is closely connected with the distinction between these classes of symptoms.

It is to be hoped that every member of the profession who has thought definitely or made observations in connection with the subject, as above unfolded, will communicate his views and *data* to the Chairman of the Bureau, that the report may be as complete as possible.

The Bureau have selected *Sepia* as the drug to be proved during the current year, and they hope to be able to present to the Institute, a re-proving of this important remedy, which may, at least, equal, in thoroughness and value, the famous reprovings by the Austrian physicians.

All provers and provers' societies throughout the country are earnestly invited to adopt this drug as the subject of their experiments during the present year and to communicate the results to the Bureau of *Materia Medica* of the Institute.

The classes in several of our colleges, male and female (and it is *hoped*, in *all* of the colleges) as well as the members of several societies, will prove *Sepia* under the supervision of members of the Bureau. The provers will be strictly cross-examined respecting their reports; and their symptoms will be severely scrutinized by the professors of physiology, chemistry, gynecology, etc., wherever the skill of these experts may be available to test the accuracy or more exactly define the statements of a prover. Thus it is hoped the investigations of the provers may, to a good degree at least, be subjected to the tests which the science of to-day affords and requires. A similar method should be pursued by every provers' society.

The Chairman of the Bureau will be glad to receive reports as early as May 1, 1875, that they may be properly incorporated in the Report of the Bureau, in which due credit will be given to every society and individual prover.

CARROLL DUNHAM, M. D. Chairman.

IRVINGTON-ON-HUDSON, N. Y., Sept., 1874.

MEDICAL USE OF COLORED GLASS.

BY G. M. PEASE, M. D.

(Read before the Pacific Homœopathic Medical Society, San Francisco, Cal.)

Fellows of the Pacific Homœopathic Medical Society: At this, our first annual meeting, let us firmly promise each other that we will do all in our power to advance the science of healing the sick, and will strive to investigate any channel which may seem to be opened to us in that direction. And further, let us each and all seek after new channels. The old routinist may say "there are ways enough already for healing the sick, and I have good success with my patients; what is the use in bothering over a lot of new-fangled notions and theories which may be the invention of some visionary mind?" Well, it may be we have ways enough; perhaps too many, for really there is but one way, and that the right way; but the methods of reaching the right path may be many, and yet all be good. How well we all know the difficulty we have in treating, not to say curing, our consumptives, our nervous diseases, and a thousand and one chronic ailments. Would we not gladly embrace any new course of procedure that gave promise of better success in those directions? But how shall we find a better way than we now have and follow? Let us each give the subject thought and study, examine more carefully the laws of nature, and see how she does her work. We are all children of nature; why not copy after her? She does all things well, and why might not her children? Newton was a child of nature, and he watched her ways, and studied her laws, and it resulted in knowledge for the coming generations. The law of gravitation existed before Newton was born, but he read the law and interpreted it for our benefit. The use of electricity for the service of man might have been ascertained long before Franklin's time, but others had never properly studied the book which was ever open before them. And so I might occupy your time with numerous examples of the benefits to be gained by closely observing the working of nature's laws; but I will only add one more, the result of which is of interest to us all.

Hahnemann was thoroughly educated as a physician of the old school, and for a while practiced his profession, and, in fact, acquired notoriety for his skill. But he was not satisfied with the loose way which then prevailed of ministering to the sick, and he began the close study of nature. He thought there ought to be a law, and he was determined to turn the pages until he found it. The results we all know, as do so many thousands, aye, millions, who have reaped the benefits of that study to which he devoted so much time. We may not all be Hahnemanns, but we may, like him, try to benefit our fellow men in some way that shall bring down praise upon our memories. If we are bent upon the acquisition of the almighty dollar alone, we will go on in the paths that are already laid out and well beaten before us. Many have opened up to the world a new and valuable project, or scientific law, who have perhaps been entirely wrong in the start, but

the mere fact of being wrong has led to the right in the end. So, though we may not be right ourselves in some new road, yet others, seeing our endeavors, will come and help up, and the result will be good. Doubtless many if not all of us have frequently revolved in our minds projects which, if tested by time and experiment, would be of vast importance to the world, but which, from our timidity, or lack of confidence, have never been more than thought of, or sparingly practiced. Let us tell our theories to one another, think and talk them over, and possibly they may be of some use; and if they are not valuable, we will know that we did not strive to hide our light under a bushel. What if we do make mistakes in our theories? we are not Solons, and the mantle of charity will hang about our shoulders the more closely as we strive the more to benefit others. Those who are at heart our friends will not ridicule a new idea, even though a wrong one, and those who are enemies cannot hurt us any more because we are frank in our good endeavors. Let us remember, in short, that it is through mistakes and failures that the greatest good has many times been accomplished that good results are arrived at, and fixed laws ascertained negatively.

With this introduction, permit me to bring forward an idea over which I have spent much thought, and many times put in practice, and I will support it by a brief report of cases and their results.

CLINICAL ILLUSTRATIONS.

In the fall of 1863, while absent from the army on "sick leave," I used to frequent the photographic studio of a friend, because I was interested in the art as an amateur. The operating-room was lighted through a large skylight of light blue glass, and the walls of the room were tinted of the same color. After an hour or two spent in this room I always felt better, and mentioned it to my father, claiming that I thought the peculiar light had something to do with it; but he thought it was probably the smell of the chemicals. The idea that suggested itself to me was pondered over many a time and oft, and upon my resumption of private practice, in 1864, I determined to take the first opportunity of experimenting with blue light. My first experiment was upon a confirmed invalid suffering from—nobody knew what. I obtained some blue glass, and asked her to sit in the light of it as much as possible. After a few weeks she was very decidedly improved, and she continued the use of the glass until she was entirely well, and for aught I know she uses it to this day.

While treating this case I noticed that the light was not very pleasant to the eyes when thrown upon the walls and objects in the room, and with the next experiment I had the panes alternated with clear glass, and found the light more pleasant, but still not perfect, although my patient did exceedingly well. This case was one of chronic bronchitis. Another time I obtained a blue, with the mixture of a little red, making a light violet color, and the light from this was very pleasant. I now thought I had found *the* color, for my patients improved much faster, apparently, than under the clear blue light. For several years I

advised this glass to patients troubled with pulmonary difficulties, obscure chronic ailments, nervous diseases, and those suffering from nervous injuries.

One lady who had been severely injured by the telescoping of the cars, at Revere, Mass., and who was unable to sit up in bed without help, was for a long time kept under the influence of the violet light. This patient had been examined by experts employed by the railroad company, on account of a suit entered by her for damages, and they had agreed that she must be bed-ridden during the rest of her life. As I have said, she was placed under this light, and after a few weeks she was able to move about the bed very easily. In a few months she got the use of her legs so as to move from the bed to a chair placed near her, and is now able to go about the house and attend to her ordinary household duties. At one time, wishing to test the value of the glass, I caused it to be removed for a short time, when she begged to be permitted to use it again, as she did not feel so well without it.

A young lady, aged about seventeen, had an attack of typhoid fever (so I was informed), from which she recovered but slowly. Subsequently she made a visit to her brother, a physician, where she was taken sick; as soon as able she was sent home, as he pronounced her lungs in a very bad condition. She was recommended to try Dr. Bowditch, a noted specialist in lung diseases, as a last resort. After this I first saw her. The lungs truly were in a very diseased condition, and there seemed no chance to save her life; but I thought I would try the glass cure. I instructed the mother as to the color of the glass, and prescribed the remedy which seemed to bear best upon the case. As the patient did not live in my own city I did not call upon her, but received her at my office. After a short time she began to improve, the cough became less, and her strength greater, and in a few months she was entirely well. It was not until some time after that I saw the glass, under the light of which she had been sitting and receiving the rays of the sun. I then found it a much redder color than I had ever before used, and I found the light even pleasanter than the more bluish color previously employed. I then carefully watched nature, if perchance I might find that light more common. And here let me say that I had very much strengthened my idea of the blue light by observing nature. Did I not see that our very surrounding atmosphere was blue? No matter whether I looked at it by night or by day, still it was blue. Was it not true that the sun's light came to us through this blue atmosphere? and was not blue the prevailing color in everything around me? Wandering in the fields and looking off, was not everything of a bluish tinge? Why, then, if nature gave us a blue light, which was ample for us in health, might we not intensify that blue light to meet the demands of a diseased condition?

As I have said, I watched nature more carefully to see if more red could be observed, when surely I found that my eye had not been properly trained before, and I now saw very much more than formerly. In each of my experiments I have noticed that the more red, the more rapid has been the progress of the patient under the light; and yet it

has seemed necessary to preserve the distinct blue color in connection with the red.

Experiments made upon animals, by Prof. Pfeiffer, demonstrate the value of red glass in preference to clear glass, but I am not aware that the Professor has ever used a mixture of the blue and red. A few years ago General Pleasanton experimented with blue glass upon the vegetable kingdom, and found that, in a given time, grape-cuttings produced a very much larger yield under blue glass than they did under either clear or white glass.

I might illustrate the value of the glass treatment with many more cases, but enough have already been mentioned to give the range of diseases to which it has shown itself applicable. I have now under treatment a case of phthisis, one of paralysis, and one of chronic enlargement of the liver, with frequent discharges of renal calculi; all of which are very much benefitted thus far. I can not claim that the remedies used are so remarkably well adapted to each case as to cause the very decided benefits thus noticeable; but I do think the influence of the rays of the sun as received after passing through the purple or violet-colored glass, have much to do with the success of the cases.

My method is to advise the patient to sit or lie so the light can fall upon him as much as possible, and for as long a time as possible. In one or two instances I have noticed that the effect seemed too stimulating at first, and the patient could not bear the light very long at a time; but this soon wore off, and the patient was only too glad when the next day came for the sun-bath.

We all know that the sun is of great value to all living creation, and especially in this city is it very noticeable that every one wants and feels the need of the sun.

I have been in the receipt of letters from physicians in the East, asking for more particulars respecting the glass treatment. I have never myself published any facts concerning which I have now spoken, but others have done so for me, and it seems to meet with favor from men of an inquiring mind; and lately I have noticed two newspaper articles referring to my experiments, and urging the further investigation of the subject. After ten years of experiment and thought, I have at last been emboldened to openly proclaim my belief in the efficiency of this sun treatment, and request that each of us will try the experiment upon such cases as may seem best suited to thoroughly give us either positive or negative results. I do not mean to convey the idea that all cases of phthisis can be cured by this treatment; but I do think they may be made more comfortable. Neither would I trust to the sun alone for treatment, for it is our duty to stick to well-tried and proven remedies rather than risk the lives of our patients in the trial of what may be as yet of uncertain benefit. Let me not be considered as visionary in my observations, but rather let us accept the motto, "*In certis unitas, in dubiis libertas, in omnibus charitas;*" and let us still further prove all things, holding fast to that which is good. The results of experiments in the direction suggested, whether favorable or unfavorable, I shall at any time be pleased to have reported to me.

November 4, 1874.

Since the above was written I have been shown a paper, from which I make the following extract: "The paper also mentioned a case of the wife of a Philadelphia physician, who had for some time been suffering from a complication of disorders which had baffled the skill of her physicians, and who, on the suggestion of General Pleasanton, tried the following plan: Every other pane of glass in one of the windows of the patient's room was removed, and blue glass substituted, and the patient required to expose her back and spine to the action of the combined blue and white lights for thirty minutes each day, at the same hour. At the commencement of treatment she was unable to sleep or eat, was in a miserable condition, and wasting rapidly. At the end of ten days the pains in her back were less, her hair had commenced growing thickly, and there was a marked improvement in her general condition. In three weeks she was almost entirely well."

This extract I have quoted from the *Druggist's Circular*, for July, 1873, and present it as one item corroborating my own researches and experiments.

G. M. P.

HEART EFFECTS OF BELLADONNA.

BY E. M. HALE, M. D., CHICAGO.

Clinical Indications.—Carditis, pericarditis, endocarditis, with inflammation of the substance of the heart, but not rheumatic. Neuralgia of the heart, from excitement (primary). Threatened paralysis of the heart, (secondary).

Motor Symptoms.—Palpitation of the heart when at rest, as if the shock extended to the neck, increasing during motion, with difficult and slow breathing. A sort of palpitation of the heart when going up stairs, a kind of bubbling sensation. Pulse hard, bounding, and very rapid, 120 or even 160 to the minute (primary). Feeble, irregular beating (secondary).

Sensory Symptoms.—Tremor of the heart with anguish and an aching pain. Great uneasiness in the chest. Pressure in the præcordial region arresting the breathing, and causing a feeling of anguish.

Pressing in the chest affecting the heart.—Lancinating pains through the heart, coming suddenly and going as suddenly.

Concomitants.—Violent delirium. Intense vascular excitement, with congestive headache, throbbing of the carotids, etc. Vertigo, dimness of sight and dilated pupils. Violent cough, spasmodic, worse at night.

Ameliorated.—By repose and absence of excitement such as light and noise, and in the forenoon.

Aggravated.—At night, three or four o'clock in the afternoon, and from motion, the least contact, and sometimes the least motion. Some of the pains are aggravated by, or appear after sleep.

Physical Signs—Percussion.—Sound normal, or dull over a large surface.

Auscultation.—Action violent, sometimes intermitting. Sounds clearer than usual, otherwise natural. Alternately weak and violent. The rhythm irregular, first stronger, then weaker, then absent.

Pathological Anatomy.—Partly fluid, partly coagulated blood in the ventricles. Blackish coagula, lividity and great softness of the heart. Blackish and very thin blood in the arteries.

Observations.—This is not a true Homœopathic remedy for endocarditis, but it is an admirable remedy in congestion of the chest, preventing the occurrence of actual inflammation, and moderating the stormy vascular commotions which attend organic disease of the heart, and cutting short the frequent exacerbations of the diseases which threaten to light up inflammation anew.—(Cl. Muller).

Belladonna and *Atropia* both effect the involuntary as well as the voluntary muscles. The inflammation is primarily in the muscular structure of the heart, while the neuralgia is generally a spasm of the heart. The primary effect of *Bell.* is to increase the bloods pressure; secondarily it paralyzes the vaso-motor centres of the heart. For the inflammatory and excited conditions of the heart, give *Bell.* high; for the depression of the heart's action give it low.—(Hale).

RUMEX CRISPUS.—Continued titillating cough commencing on going to bed and incessant during the night, without expectoration. Relieved on sitting up, accompanied by some dyspnœa. In children, cough does not wake them up but keeps them restless at night, and they are free from cough during the day. *Rumex tinct.*, one dose often relieves.

JAMES A. YOUNG.

HOPKINSVILLE, Ky., Dec. 19, 1874.

Sanitary Department.

A NECESSITY FOR PROMPT HOMŒOPATHIC ACTION.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: The following circular explains itself. What do you think of the movement? Will you help in the matter? [Approved.—Ed.]

MY DEAR DOCTOR: The history of the prosecution of our school has demonstrated the fact that the necessity exists for every Homœopathic physician to be at all times watchful and ready to assert his rights as a citizen of this commonwealth.

Attempts, direct or indirect, are constantly made by the dominant

school to isolate, contract, or paralyze the influence of the younger but more rational school of medicine. Old customs and laws, inherited from time and ignorance, are bulwarks behind which the old school unremittingly shoots its deadly arrows into the bosom of her younger sister, so that the latter needs all the vigilance necessary to preserve her very life. As the former has for centuries held sway over nations, it is with jealousy that she looks upon the prospects and growing strength of the latter. Strong in number, but feeble in her cause, she does not hesitate, by ambuscade or skillful tactics, to aim at the life of her young rival:

This is struggling against great odds, for the former has all the prestige of age and strong organization; but like the little but indomitable army of the Colonies that step by step and day by day fought the great British empire, and by sacrifice, vigilance, bravery, and intelligence won for herself freedom and a great country, so must Homœopathy to-day fight that she may not fall before the skillful maneuvering or successful tactics of her opponent.

The last movement of the Allopathic school is the creation of the United States Health Association. From its inception, although pretending to be a lay and a non-medical institution, Homœopathic physicians have been carefully and jealously excluded.

This movement tends not only to disparage the school of Homœopathy but to deprive its members from the right and privileges of common citizens and scientific men. Seven thousand medical men, citizens of this great commonwealth, and millions of their adherents, have, by this dextrous maneuvering, been deprived of the right to discuss, suggest, or offer in that association the means to preserve the health and the lives of their fellow-citizens. It has been done artfully, cunningly, and unblushingly. That association, although at present unauthoritative and without legal existence, is already knocking at the doors of Congress for recognition. Should its influence secure the recognition of that body, the Homœopathic physicians and their adherents would be cut off from the right and privilege of assisting or acting in the local or general sanitary affairs which concerns them, as well as the votaries of the old school, as free citizens of the United States; like pariahs they would be thrust out of consultation halls as unworthy of public trust and confidence.

This outrage can not be tolerated; and if the seven thousand Homœopathic physicians, citizens of the United States, rise in protest now they will frustrate this desperate and foolish attempt of their antagonists.

During the last session of Congress a bill was introduced and passed in the House which if it had met with the same success in the Senate the whole sanitary affairs of the United States would to-day be in the hands of the officers of the military department. Your thousand miles of sea coasts and river banks would be lined by corporals and sergeants under the garb of sanitarians. State and municipal officers would be but puppets before the authority of bullion and wing-spread eagles.

This little army would not be appointed by the civil representatives of our country, but by the Surgeon General, a General of the United States army. This invasion of our civil rights must be so odious and

so repulsive to American citizens that it is to be hoped it will never be realized. Still that same power, backed by the United States Medical Association, of which the officers of the Military Surgical Department make a numerous and most prominent part, will work its utmost to secure the passage of that bill, or of any other bill holding similar dangerous contrivances, namely, the ostracism and denaturalization of Homœopathic physicians.

A large portion of the population of the United States accepts to-day the tenets of the Homœopathic school in the medical practice at the bedside. Seven thousand intelligent men, educated according to the laws of the country, administer to its wants in sickness and in sorrow. Such legislation would with one stroke of the pen, therefore, disfranchise millions of our people. This should not be. Union and organization are the elements of power, and I would therefore propose that an association be created which, while giving the benefit of its labors, experience, and learning to public health and public welfare, will be a powerful engine of warfare against the assaults and tribute-levying attempts of this bourbonic dynasty.

Homœopathic physicians are recognized as, and are, by virtue of their peculiar system, hygienists. Hygiene is a science which they practice with eminence in every case of sickness. In fact, it is one of the fundamental principles of their practice. Hence they are even better qualified to speak authoritatively in the affairs of public hygiene. Their precepts will be received with gratefulness by every community. Hence I propose that an association, to be called "The United States Association of Public and Private Hygiene," be organized at once, under the auspices of the Homœopathic school, to which every person, layman or otherwise, qualified and learned in sanitary science, and possessing a good moral character, may become a member upon application.

A preliminary meeting may be held in Washington, in the beginning of January. I want your adherence and your advice. Answer as soon as possible.

In the meantime it is your duty to use your influence with the United States Representative of your District, to give him full information, so that he may be *au fait* when the matter comes up in Congress for the creation of a United States Bureau of Health. T. S. VERDI, M. D.

WASHINGTON, D. C.

COMMITTEES ON PUBLIC HEALTH should be appointed at once by all of our societies. They could co-operate with such a central organization as proposed above, and could especially have a healthy influence in local sanitary matters. In this way we would do good, and at the same time maintain the reputation given us years ago, of being skilled hygienists. Of course the Allopaths do not want us to meddle in these matters; for, in case of a general epidemic of scarlet fever, for instance, we would naturally suggest *Belladonna* as the best means to "stamp it out," and thus make the whole people Homœopaths at one swoop. That would never do—for our Allopathic brethren.

Biographical.

Lives of great men all remind us,
We can make our lives sublime;
And, departing leave behind us,
Foot-prints in the sands of time.

GEORGE E. SHIPMAN, A. M., M. D.,

We have the honor of introducing to our readers the first editor of the *United States Medical and Surgical Journal*. There is a noble earnest purpose in that face. Note the full, high forehead, the massive dome-like top head, the well developed occiput, and the length and the breadth of face, and the conclusion is inevitable that Dr. Shipman is a man of merit. There is little of show or display about him. His chief characteristics are a lofty aim, a clear intellectual logical mind, and a kind heart. He is very modest and retiring in manner, almost to seclusion. He is just such a person as would be attracted by mild, logical *Similia*, and would defend it in the face of the greatest opposition. He stands by the right at all hazards—and such were our pioneers. With these characteristics he has been (and is,) an able representative of Homœopathy, and his patients are from among the most intellectual and best people of Chicago.

Dr. Shipman was born in New York, March 4, 1820. He graduated at the University of the City of New York in 1839, and at the College of Physicians and Surgeons in 1843. He studied medicine with Alfred C. Post, M. D., a Christian gentleman and scholar, but a firm adherent of the then prevailing system of medicine, to whom it was a great mortification that one of his pupils should, as he considered it, go astray. Early in his medical studies Dr. Shipman lost all confidence in what was known as Allopathy, partly from the admissions and confessions of many of its most prominent adherents, partly from what he saw himself of its insufficiency, and partly also from witnessing the brilliant success of the new system in his father's family, by Dr. F. Vandenburg, and elsewhere. At the same time, though pleased with many of the theories of Hahnemann's *Organon*—the only text-book then in the English language—he held his judgment in suspense till he had put their theories to the test of experience. The ridicule with which the new system was met, weighed nothing with him, for history taught him that truth was often “despised and rejected of men” as was its Divine author. Experience alone could decide the truth or falsity of medical theories, and to this test he submitted the doctrines of Hahnemann during the last year of his pupilage. His only guides in these experiments were Hahnemann's *Organon* and Hull's *Jahr*, the latter he bought of Mr.

Radde with the first fee which he received — five dollars. The success which followed his experiments led him, on starting out in life, to announce himself as a Homœopath. As most Homœopathic works were in German, he applied himself to the study of that language, and procured such German works as were then to be had in this country. With these he started for the West, partly to attend to business matters for his father, and partly in hopes that a change of climate might restore health which was lost by close confinement and hard study in a city. About November 1, 1843, he reached Peoria, Ill., and resolved to settle there, but his old enemy, dyspepsia, made it impossible for him to endure any confinement, and in January, 1844, he moved to Andover, Henry county, in this state, where he purchased a farm and undertook to perform the arduous duties of a country doctor and pioneer farmer. In the fall of the same year, finding that both doctor and farmer needed a help-meet he returned to New York and spent the winter in search thereof. His search was eminently successful, and in May of 1845, he returned to Andover with his reinforcement and entered again upon life's battle. In the fall of 1846, having in a measure gained the victory over his old enemy dyspepsia, and finding that his wife's health was suffering from the climate and the hardships of a frontier life he moved to Chicago.

In October, 1848, he published the first number of the *Northwestern Journal of Homœopathia*. This was a monthly, at first of sixteen pages, then of twenty-four, and was published four years. The publication of this journal was not remunerative, in other words he lost more money than was prudent, (about one thousand dollars,) and though kind friends offered to sustain it he refused, thinking that every tub should stand on its own bottom.

We should here mention that for a year he edited and published the *American Journal of Materia Medica*. For the lack of enthusiastic *Materia Medica* readers it was discontinued.

In the fall of 1860 he accepted the chair of *Materia Medica* in Hahnemann College, which chair he filled very acceptably for three years.

In 1865 he was appointed by the Western Institute of Homœopathy, then assembled at St. Louis, to edit the *United States Medical and Surgical Journal*, which duty he ably performed for five years. In 1870 he published a translation of Grauvogel's Text-Book of Homœopathy.

In 1867 he prepared a domestic work which has had an extensive sale.

In 1871, in a quiet way, he established a foundlings' home, this has grown to be the Chicago Foundlings' Home, one of the noblest charities in the city. Dr. Shipman is editor of the *Record*, a paper published by the Home.

From this brief outline our readers can get some little idea of what this noble, self-sacrificing physician has done to benefit the profession, to advance Homœopathy, and to bless the world.

Book Department.

THE ENCYCLOPEDIA OF PURE MATERIA MEDICA.—A record of the Positive Effects of Drugs upon the Healthy Human Organism. Edited by TIMOTHY F. ALLEN, A. M., M. D., Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College with contributions from Dr. Richard Hughes, of England; Dr. C. Hering, of Philadelphia; Dr. Carroll Dunham, of New York; Dr. Ad. Lippe, of Philadelphia, and others. Vol. 1. Boericke & Tafel; pp. 622; \$5.00.

When Hahnemann began taking *Cinchona* to learn why it would cure intermittent fever, he began to collect data that not only led to his discovering the law of *similia*, but that would bring about an entire change in the Materia Medica. He began to educe the facts of the action of drugs on the human system, and put them in the place of the hypothesis which had ruled universally in the medical mind up to that time. He began taking the drug with the simple enquiry in his mind of, what is the action of this drug on the human organism, and he sought his answer in the record of facts represented by his symptoms. This record of facts was the beginning of a new era in both Materia Medica and Therapeutics. Illuminated by the genius of Hahnemann, it pointed out the law of *similia* in the latter branch of medicine, and led to the reconstruction of the former in such a way as to give it a much greater practical value than it had ever before possessed. He could not admit preconceived theories concerning the action of drugs on the organism in his experiments and his record of the results must be records of facts. We have thus a logical and truly scientific beginning of the present Homœopathic Materia Medica. The symptoms produced by any one drug must be classified in some way in order to be readily referred to in studying their similarity to the various cases of disease the practitioner may be called upon to treat. The regional division of the body furnished a simple fact upon which to base such a classification, and perhaps, the only one which would answer all the conditions. No false pathology or imperfect physiology would vitiate this arrangement, while it would admit of any additional facts concerning the action of a drug, and be available with any newly discovered truths in the collateral branches of medicine. Had he attempted to base his new Materia Medica upon the imperfect physiology and erroneous pathology of his time, we should necessarily have had all those imperfections and errors reflected in it, and would have lost all that material of which those branches could not make definite use, material which has often proven of great value in Homœopathic prescribing. This arrangement of symptoms enables the physician of to-day to study the action of any drug with all the additional light which the other branches of medicine have gained, and it will allow the physician of a century hence to interpret the meaning of these symptoms by his greater light,

with greater satisfaction. The more learned a physician is, the more he will be able to utilize these provings.

Dr. Allen has retained this feature in his new work, and wisely too. In giving this opinion, we are well aware of the value and need of other treatises on this branch, which shall give a physiological interpretation of the action of drugs. Such a resume, if it be ably made, is of the greatest benefit to the student in *Materia Medica*, but it cannot be of the same permanent value until our knowledge of physiology is perfect. But until we can settle such questions as the existence of trophic nerves, the point of origin of such diseases as progressive muscular atrophy, the nature of spinal irritation and even the existence of such a disease, we will be in want of a record of the action of drugs not to be affected by these pathological shifting quicksands.

It has been objected to the *Materia Medica* arranged on this scheme, that it gives the trivial and reflex symptoms; that there are too many symptoms under a drug. We do not believe this objection altogether well put. Trivial symptoms there undoubtedly are, but many which appear trivial now may possess a definite meaning when our learning is greater. Shall we expunge as trivial such symptoms as cannot be clearly accounted for on pathological grounds? Then we shall throw away many symptoms that have often proved useful in practice. Of this nature will be, such as the aggravation of *Lyc.* conditions from 4 P. M. to 8 P. M.; the wakefulness occurring under *Nux vomica* at 3 A. M.; the aggravation of *Borax* symptoms on descending; the suddenness of onset and departure of the *Bell.* pains; the gradual increase and diminution of *Stann.* and *Plat.* pains. If we expunge from the record such symptoms as are not of great extent and severity, we would blot out such as a slight weakness of the thumb and slight fibrillar twitchings in it. Yet these may be the avants couriers of a disease of the nervous system, which will generally prove incurable if not taken in the earliest stages. In Hahnemann's day no pathology of such a disease was known. Truly he who undertakes to say just what symptoms in the *Materia Medica* are too trivial to be retained, needs to be a very learned man, and have a far foresight into the future. As we build for posterity we must not destroy what will be of use to them.

The objection to reflex symptoms being included in a work of this kind, is even weaker. It is impossible to tell with certainty what symptoms are purely reflex, and even if it were, it would not be well to obliterate these symptoms, for as they often help to diagnose the diseases, so they will very often help to differentiate between the various remedies which may appear to be indicated in the particular cases. To cure a headache reflex from gastric or uterine irritation, it is as necessary to have a remedy Homœopathic to the headache as one which acts upon the stomach or uterus; in fact, the gastric or uterine symptoms may be of so indefinite a character as not to give any exact indications for a remedy, while the reflex ones may give the clear and distinct ones. We certainly cannot diminish very much the number of symptoms without danger of losing many that are valuable. In a work of this kind that Dr. Allen is giving us, it would also be especially undesirable

that it should be an abridgement. In fact, the opposite course, the collecting all trustworthy facts that are known, is the only proper manner of editing the work, and in this way it is being done, and well done too. Those who have complained of the number of symptoms already embraced in the *Materia Medica*, will be surprised to find how many more exist under some drugs. And if they have conceived the idea that what was already recorded in *Hull's Jahr* or the *Symptomen Codex*, contained all that was of value, they will be agreeably surprised to find that many of the additions in this Encyclopedia are of equal value to any that have been accessible to the profession heretofore. We have a good example of this in the spinal symptom of *Agaricus*, where we find a large number of additional symptoms which point to it as a valuable remedy in spinal irritation, and some other disturbances of this part of the organism, and which are only dimly shadowed forth in the pathogenesis of the *Symptomen Codex*.

Many new remedies are added. Already one hundred and six are given, and the last one given in the volume is *Atropin*, the remedies being arranged in a strictly alphabetical order.

The most important symptoms are given in full-faced type and in italics. While those which have been verified are marked with a star. The editing of a work of this kind, bringing it up to the present time in this respect, can but add very much to its practical value. Drs. Dunham and Lippe have added their verifications, thus giving the benefit of their close observations.

This will be the greatest work attempted in the Homœopathic school for many years, and will be the fountain from which all lesser works on *Materia Medica* will be drawn.

We commend the work to the profession, and especially to those who are interested in studying drug action in the most complete manner, and its application in Homœopathic Therapeutics. FELLOWS.

VENEREAL DISEASES, THEIR NATURE AND TREATMENT.—By R. A. GUNN, M. D. New York: A. K. Butts & Co.; 8vo., pp. 182; \$1.50.

This work gives the recent Eclectic view of these diseases and their management, and as such may interest our readers. *Mercury* is not regarded the best anti-syphilitic. His local treatment is strong *Carbolic acid*, and his constitutional remedies are *Iodide of potassium*, *Iodoform*, *Phytolacca*, *Muriate of Ammonia*, and tonics. For gonorrhœa his favorite seems to be *Carbolic acid*, one ounce; *Hydrastin*, one drachm; *Glycerine*, two ounces; *Aqua*, four ounces. Inject three or four times a day. This is valuable we know without the *Carbolic acid*. There are many practical hints in this book.

THE PHILOSOPHY OF SPIRITUALISM AND THE PATHOLOGY AND TREATMENT OF MEDIUMANIA.—By F. R. MARVIN, M. D. New York: A. K. Butts & Co.; 12mo., pp. 64; \$1.00.

These two lectures treat of a most interesting subject. According to Dr. Marvin, this is a form of hysteria and should be treated as such. Instead of his *Assafoetida* treatment we would think of *Ignatia*, *Stram.* etc. The work throws much light on the subject considered, and will interest those having cases under observation.

SURGICAL EMERGENCIES; together with the emergencies attendant on parturition and the treatment of poisonings. A Manual for the use of general practitioners, with eighty-two illustrations.—By WM. PAUL SWAIN, F. R. C. S., Surgeon to the Royal Albert Hospital; pp. 190; price, \$2.00; Philadelphia: Lindsay & Blakiston; Chicago: W. B. Keen, Cooke & Co.

Emergency try the physician as well as the man. To treat properly, at the moment, any surgical case, however simple or grave, should be in the ability of all. It is well to be forewarned and forearmed, and this work will enable us to be both. In the management of flooding and treating poisonings, the Homœopath can improve on the advice here given.

THE COMPLETE HAND-BOOK OF OBSTERIC SURGERY, or, Short Rules of Practice in every emergency, from the simplest to the most formidable operations connected with the Science of Obstetrics, with numerous illustrations.—By CHAS. CLAY, M. D., late Senior Surgeon and Lecturer on Mid-Wifery, St. Mary's Hospital, Manchester; from the Third London Edition: pp. 328; \$2.25; Philadelphia: Lindsay & Blakiston; Chicago: W. B. Keen, Cooke & Co.

This is a most comprehensive work, as the title shows. It belongs to the ready reference series that are so popular just now. It is old fog on some points but otherwise is a valuable practical work.

THE CYCLOPEDIA OF PRACTICAL MEDICINE will prove a valuable addition to medical literature, if we are any judge. Volume I treating Acute Infectious Diseases, and containing 708 pp. has just reached us through Mr. Keener, of Chicago. A full review of it will appear in our next, in the mean time we would advise our readers to get it if possible. W. Wood & Co., New York, publishers, price \$5.00.

POPULAR SCIENCE MONTHLY.—Conducted by Dr. Youmans and published by D. Appleton & Co., New York, (\$5.00 a year,) grows in popular favor daily. It is a most valuable journal and doing a noble work. Our readers should see it and speak well of it.

Miscellaneous.

Christmas Colic and New Year's colds prevailing. Sickness is plenty, and doctors are busy.

J. Hinsley has removed from Leavenworth, Kan., to Kansas City, Mo.

W. H. Chappell has removed from Dartford, Wis., to Hampton, Iowa.

Dr. Putnam, of Flint, has gone to Florida for the winter. Dr. Malcolm has purchased his office.

The Detroit Homœopathic College has recently been presented with a manikin. Five hundred dollars was his price.

Dr. J. Murray Moore has located at No. 803 Hyde street, San Francisco, Cal. He thinks the coast climate will agree with him.

H. M. Paine, M. D., of Albany, has removed to No. 105 State street, Albany. The State Medical Board, of New York has stirred up the Allopaths. Lively times ahead—so Dr. P. informs us.

Doctors' Visits are welcome to this sanctum. Whether they charge us for them at the usual rates, we do not know; but this we do know: that few visit us without being interviewed to the benefit of our readers.

Correction.—In the "Directory of Homœopathic Physicians of Wisconsin," in the tenth line of the ninth page, after the name of James Ozanne, read, Hahn., Chicago, 1862. LEWIS SHERMAN.

Blood-drinking, for all kinds of debility, is quite popular in Paris, New York, Boston, and other points. When the eyes are closed, it is said, it tastes like warm milk. They might add: and is but little more nutritious.

Hospital Days.—London has had a Hospital Sunday, on which was contributed to the hospital the grand sum of £27,000. The poor had a Hospital Saturday, on which day £5,800 pounds were realized. The *Medical Press* belabors the artizans for their selfishness. Query—Did they contribute nothing on Hospital Sunday? It seems that the real trouble was that the Saturday was made a sort of advertisement for the tradesmen.

Michigan Homœopathic College.—We, the undersigned, Trustees of the Michigan Homœopathic College, hereby give notice that all reports, by circular or otherwise, that the "Trustees had decided to hold a course of lectures in Lansing the coming winter," are false, and were known to be so by the person issuing them.

DEFOREST HUNT, M. D.,

F. B. SMITH, M. D.,

C. J. COVEY, M. D.,

J. R. HYDE, M. D.,

A. R. BALL, M. D.,

B. F. BAILEY, M. D.

LANSING, December 15, 1874.

The World's Homœopathic Convention of 1876 is likely to be a world's gathering of men of the new school. You may have a dozen or two from Old England, and a shower from the Continent of Europe, to visit the New World. I should like very much to be one of the many if I could balloon it over, but it is a long day yet to look forward to, and we know not what a day may bring forth in this uncertain world.

I am preparing a third edition of my treatise on the New American Remedies.

Truly yours,

R. TUTHILL MASSY.

BRIGHTON, Eng., December 3, 1874.

Society Announcements.

The Chicago Academy of Homœopathic Physicians and Surgeons meets every alternate Thursday evening, in the Tremont House.

The New York County Homœopathic Medical Society meets the second Wednesday evening of the month, in the Ophthalmic Hospital.

The Philadelphia Homœopathic Medical Society meets the second Thursday evening of the month, at the college.

The Michigan Homœopathic Medical Society meets in semi-annual session January 26th and 27th, at Lansing. A full attendance is desired.

The Homœopathic Medical Society of Northwestern Pennsylvania will meet in Erie, January 11th. Come one, come all.

Married.

WALKER—TAYLOR.—At the residence of the bride's parents, October 22, 1874, by the Rev. J. F. Dripps, Dr. Mahlon M. Walker to Miss Mary E., daughter of Enoch Taylor, Esq.; all of Germantown, Penna.

Dr. Walker has removed from No. 5262 Main street, to No. 12 West Walnut lane, Germantown, Penna.

Died.

WATERS.—At his father's residence, in Melbourne, Iowa, on November 7, 1874, of typhoid fever, H. Waters, M. D., of Mechanic Falls, Me.

Dr. Waters was a graduate of the New York Homœopathic Medical College, class of 1872-3.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. I, No. 2. — JANUARY 15, 1875. — Whole No. 134.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

These reports grow more valuable as we are able to give them to our readers while fresh. When you get a number sit right down and give us your observations on the genius epidemicus.

CHICAGO.—The Holidays have given us an unusual amount of indigestion to treat. The chief symptoms were vomiting and diarrhœa, high fever, with nightly exacerbations. *Puls.* has been the chief remedy. *Arsenicum*, if there is thirst for small quantities of water, with restlessness and gastralgia. *Bell.* if there is sharp, sudden attacks of pain, flushed face, and worse at night.

Cases of pharyngitis with, in some cases, follicular tonsillitis are still quite prevalent, *Merc.* seemed to be the remedy.

Much laryngitis is still met, with or without bronchitis. *Phos.* is the chief remedy. Sometimes *Kali bich.* or *Hepar* is called for. A few need *Bell.*, some *Acon.*

The excitement and fatigue of the times have given us a crop of uterine troubles, e. g. congestion and inflammation of the whole pelvic contents. *Acon.*, rarely; *Bry.* and *Bell.*, frequently; *Ignat.* and *Ars.*, occasionally.

COXSACKIE, N. Y., Jan. 5, 1875.— We have pertussis, varicella, rubella, scarlatina, parotitis, and one case of variola. The undersigned is health officer of the corporation. Yours very truly, A. F. MOORE.

WILKES BARRE, Pa., Jan. 5, 1875.—Diphtheria, croup, and break-bone fever have been fooling around the Wyoming Valley quite lively of late, and as far as the diphtheria was concerned *Rhus.* and *Gels.* fixed every case. Respectfully Yours, J. ARTHUR BULLARD.

GLENWOOD, Minn., Dec., 1874.—The prevailing diseases in north-west Minnesota during the month of December have been hooping-cough, measles, scarlet fever, and typhoid fever. Our mild and open winter has been fraught with an unusual amount of sickness.

J. G. WHITTEMORE.

CANTON, Ill., Dec. 28, 1874.—Considerable remittent in October, croup in November. The regulars lost several cases. *Acon.* and *Spongia* cured every case I had. This month have some typhoid pneumonia and typhoid fever, the former called for *Rhus tox.* and *Hynos.* mostly, the latter *Bapt.* and *Hynos.* G. W. TODD.

WARREN, Ill., Dec. 26, 1874.—December is our healthy month. Have seen a few cases of traumatic erysipelas. Gave *Apis.* and *Rhus.* in inflammatory stage, and found *Ars.* the remedy for an œdematous condition after the active stage was passed. Our sickly month is February running to March and April. Fraternaly yours, L. S. ORDWAY.

NEWTON, Mass., Jan. 1, 1875.—We are having an epidemic of measles, easily managed by Homœopathy. I have had a very small death rate the last eight months. Less than one-half of one per cent in eight hundred cases of sickness of all kinds, consumption, two cases, included. *Hepar* has been particularly useful for colds. *Gels.* and *Bapt.* for fevers. Hastily, etc., etc., EDW. I. SCALES.

PADUCAH, Ky., Dec. 26, 1874.—The season thus far has been healthy so that all the doctors have plenty of leisure. I have used *Lapis albus* 6th, in several cases of chronic disease of liver, suspected scirrhus, and have observed great increase of biliary secretion which sometimes caused painless diarrhœa. Have cured constipation, atonic, with Dr. Schussler's *Ferri phos.* I hope your new effort will be very successful. Respectfully, I. R. PIRTLE.

SAN FRANCISCO, Jan. 3, 1875.—We have been, and still are, having an extensive epidemic of influenza. When simple, it has yielded quickly to *Quillaya saponaria*, and when complicated with bronchial cough, *Tart. emet.* has worked beautifully. The coryza has seemed peculiarly to affect the left side mostly, in cases under my notice, and rarely both sides at a time. We have had an unusually dry time for this season of the year, and much colder than heretofore.

Very truly yours,

G. M. PEASE.

JEFFERSONVILLE, Ind., Jan. 1, 1875.—Just now it is healthy. Some pneumonia that appears to indicate *Bry.*, and when given in the 30th leaves nothing to be desired. Last winter all the pneumonias, bronchitis, and acute catarrhs called for *Mercury viv.* The symptom which called for it was a warm sweat without any alleviation. In fact, I was called in to a case after another physician, because they had become

alarmed and with good cause: her clothing was saturated and sour. *Merc. viv.* 30th brought her up rapidly. Some vesicular erysipelas now that under Allopathic treatment is dangerous. *Rhus.* 30th works like a charm. It is aggravated by heat. On the face it begins in the right, on the feet in the left side. Respectfully. A. MCNEIL.

HARVARD, Ill., Jan. 8, 1875.—The season opened with whooping cough, with considerable fever and congestion of the lungs. This yielded to *Aconite* and *Bell* quite readily. There seems to be no call for specifics in the cases this winter. Four years ago the same epidemic prevailed, when *Cham.* and *Dros.* were the prime remedies.* But these this season have done no good whatever. Croup and pneumonia are the rage just now. The former has yielded, so far, to *Aconite* and *Hep. sulph.*, with *Iodine* inhalations. The remedies indicated in the latter, so far, have been *Aconite*, *Gels.*, *Bell*, *Phos.*, and *Lycop.* My cases have thus far yielded to some of these remedies very kindly.

Yours truly,

A. C. BINGHAM.

NEW YORK CITY.—Might not the case of pyrosis (p. 618) improve under *Iris* or *Sanguinaria*. They cover many symptoms, but not the totality. The case of skin-disease (p. 619) seems to be a case of pityriasis rubra, (Neumann, 281; Fox, 253,) which really is a most obstinate dermatitis exfoliativa. The skin should be soothed by being anointed with oil. Alkaline and bran baths are advisable. If *Ars.* should fail, study *Petroleum*, *Graphite* or *Lycopodium* or *Iris vers.*

The "Hahnemannian" of 1875 will give the *Materia Medica* part or symptoms, alphabetically arranged, with the concomitants of skin-diseases, as far as elucidated.

A great deal of throat troubles in our city, but no epidemic of diphtheria. *Phytolacca* cures even ominous cases of the former. Some cases of diphtheria will die under any treatment, still *Lachesis* deserves all praise.

Our college has nearly 140 students, a splendid set of men, and our lectures are frequently attended by students of the other colleges.

230 West Twenty-fifth street.

S. LILIENTHAL.

THAT EPIDEMIC IN TENNESSEE.

BILIOUS DYSENTERY, ALLOPATHY, AND — FRIGHT.

The recent scare among the people of Alexandria, Tenn., was occasioned by the occurrence there of a dozen or fifteen cases of bilious dysentery, near together, and having fatal results.

The first reports in the Nashville papers were quite sensational, and caused some anxiety. The disease was said to be similar to the cholera which visited us in 1873; but upon inquiry, I have found, as stated above, the affection to be one of dysentery more than of cholera, or even cholera morbus.

Some in the community supposed it to be occasioned by the first and

excessive use of fresh pork. It was in the first cool weather, of autumn, favorable to "hog killing" in the country.

All the doctors in the neighborhood being of the heroic sort, doubtless the disease was greatly aggravated by the massive doses of *Calomel* administered.

The "Board of Health" being abroad, the reports as to the number dying and the nature of the disease were greatly exaggerated.

NASHVILLE, December 28, 1874.

W. C. DAKE.

REPLIES TO THOSE CASES FOR COUNSEL.

DEAR U. S. MEDICAL INVESTIGATOR:—The responses to my appeal on page 663, Vol. XI, have given me a sense of gratitude and confidence that is really inspiring. Since Christmas I have received letters of advice from thirteen physicians, some of whose names are known from Dan to Beersheba. It is delightful thus to feel their strong arms reached out to my assistance. "When doctors disagree," etc. I decided on a plurality vote. For the herpes case there are two votes for *Graphite*, high, *Aphtha*, two for *Piper nigrum*. Flea-bites, saturated solution of *Camphor* in *Chloroform*; *Apis* high, internally, and low, externally; *Sul. 3x* and *Camphor* tincture externally, (cured entirely). Cerumen from the patients ear, *Urt. urens* externally. Extermination of fleas; and other things, of which I will give full account at some future time. In the last case there are two votes for *Apis*, but as fleas are almost unknown in winter, I must wait their reappearance. Will give results as fast as they appear, meantime I offer my sincere thanks for the kindly interest already shown.

O. B. BIRD.

MENOMINEE, Mich., Jan. 8, 1875.

THOSE CASES FOR COUNSEL.

In the December number of the *INVESTIGATOR* there appeared an article from the pen of my old friend and college chum, Dr. O. B. Bird, of Menominee, Mich., giving two cases in which he desires advice. While not feeling myself competent, from the description given, to confidently prescribe for either of these cases, yet I am so surprised at the record of treatment given by Dr. B., that I cannot refrain from saying a few words on the subject, which I am sure the doctor will accept kindly, as they are meant.

In the first place it seems to me that the case of hepes zoster is not described as minutely as is necessary for an intelligent and successful prescription. Probably there is no one thing which does more to add to the number of obstinate and uncured cases, constantly occurring, than a failure on the part of the physician to thoroughly examine the patient, thus bringing the obscure symptoms to light.

I shall never forget a remark once made in the presence of Dr. Bird

and myself by Dr. Hering, when he said it was "far easier to select the proper remedy than to properly examine the sick." Every day's experience is demonstrating to me the truth of this aphorism, and I think I do no injustice in saying that nine out of ten Homœopathic physicians do not take sufficient pains in the examination of their cases. Here as elsewhere the entire difficulty may be traced to the fact that in these days we are inclined to follow the "new and brilliant lights" of the profession, and heed not the injunctions of Hahnemann as laid down in his Organon.—(Vide Hahnemann's Organon, Sec. 84-89.)

Without calling in question the Homœopathicity of the remedies prescribed internally by Dr. B., the writer would be glad to know where in the annals of Homœopathic literature was found the authority for using as external applications in such a case, (or any other,) *Laudanum*, *Acetate of Lead*, *Lugol's solution of Iodine and Iodide of potassium*, *Iodine tincture*, *Chloroform liniment*, *Fl. ex. Bell.*, *Solution of Sulphur*, *Belladonna liniment*, etc.,—certainly if there is anything in principles at all—if all principles are not to be ingloriously surrendered to the popular battle-cry of *liberality*, then such a course of treatment was, to say the least, non-Homœopathic and for that reason non-curative.

As such proceedings are not at all uncommon among the so-called Homœopaths of to-day, I would not be so much surprised in the present instance did I not know Dr. Bird to be an indefatigable student and worker, and I cannot realize why he should have called for counsel in the way he has, before adopting the counsel afforded him by his Homœopathic text-books.

From the meager history of the case given, it is evident that one of our fundamental principles must be called into action, and for the suppressed eruption *Sulphur* should be given in a high potency, at more or less lengthy intervals, untrammelled by external applications or Allopathic subterfuges of any nature whatever.

As regards the second case, though the record is also incomplete, it is probable that *Mercurius* would have cured the case had it been allowed the opportunity, and not been obliged to contend with *Chloride of Lime*, *Muriatic acid*, etc., as well as with the disease. This case has been pretty thoroughly *drugged*, which is one thing our school pretend to avoid. The fact that, in a case like this, a Homœopathic physician should pin his faith to *crude Sulph. acid*, or that one of the oldest heads in the profession should advise him to do so, is somewhat startling.

Now Orpheus, when the calm twilight falls around thee, when the fleas are quiet and thy family at rest, seat thyself in the great arm-chair with thy feet on the fender, thy spectacles on thy nose, and *think!* THINK!! THINK!!! We all prescribe too much and think too little—think of the sage advice of Hering, the wise injunctions of Raue, the successful clinics of Martin, and then ask thyself the question "have I heeded the counsels of my *Alma Mater*, have I followed the precepts of the great Hahnemann?" Hadst thou done this, couldst thou not long ago have reported two brilliant cures, instead of, at this late day, publishing these two "cases for counsel?" A. C. COWPERTHWAIT.

NEBRASKA CITY, Dec. 29, 1874.

A LIZARD PER ANUM.

Mr. Andrew C. Moffatt, a Scotchman, and an old inhabitant of this town, aged eighty-eight, in August passed while at stool, (mid-day), a live lizard, seven or eight inches long and an inch in diameter, which he believes he swallowed while very thirsty and drinking hastily from a cold spring in a ravine or swamp on his place, about eight years ago. He has suffered more or less, particularly the few years past, by choking spells and accumulation of phlegm in his throat sometimes exceedingly putrid and offensive, and often on attempting to drink coffee at meal time, inability to swallow. Frequent spells of getting out of breath from slight exercise. Often felt it crawling in his stomach and bowels, producing pain there and coming up into his throat and choking him. It caused him to become somewhat emaciated and feeble, and to have a wild, staring look, countenance rather leaden or blue. Rather constipated and stool scybalus when it was in the upper tract of the alimentary canal and *vice versa*. Was attended with some pain and tenesmus when passed below. This is the most I am able to learn of the case. His health, strength, and appetite are better now and has gained more flesh. He suffered so much that he resolved to quit eating and starve it away, and did so two or three days before it came away from him, and he believes said abstinence caused it to come away. He says no one can know how much he suffered from it, that sometimes it appeared to get down in the region near the bladder and then he would be unable to urinate.

Yours respectfully,

D. S. KIMBALL.

SACKETS HARBOR, N. Y., Nov. 23, 1874.

DISCUSSION ON DOSE, PRACTICAL EXPERIENCE, ETC.

BY THE INDIANA INSTITUTE OF HOMŒOPATHY.

The Institute met in semi-annual session pursuant to adjournment, at Indianapolis, Nov. 10, 1874.

The meeting was called to order by Dr. J. B. Hunt, the retiring president, who immediately conducted the president-elect Dr. W. R. Elder, of Terre Haute, to the chair.

Dr. Elder delivered a brief inaugural address, expressive of welcome, congratulation, and thanks for the honor conferred.

Letters expressive of devotion and consecration to the cause of Homœopathy were read from Drs. G. B. Sarchet, Charlestown, Ill.; R. H. McFarland, Henderson, Ky.; S. Dedric, Niconza, Ill., and J. Harts Miller, of Abingdon, Ill.

Drs. G. B. Sarchet and R. H. McFarland were elected honorary members.

Dr. Bahrenburg then read a very valuable and well-written essay entitled

"THE DOSE."

Dr. Maguire commended the paper for its very fair treatment of the subject. He thought that potency should be used which would cure in the shortest space of time. Was not prejudiced against any potency. Sometimes used high potencies to most satisfactory advantage.

Dr. Hunt was gratified to note the liberality displayed in the paper. He thought the attitude assumed by many in the profession on the subject of potency, was, to say the least, unfortunate; that the cause suffered from the intolerance displayed, too much in this day, in the the exclusive advocacy of either the high or low potencies. Drugs have a large range of adaptability, and patients a large range of susceptibility. The drug, the disease, and the patient must be considered in the selection of the potency. The majority of our physicians in both Europe and America have witnessed the best results from the lower potencies.

Dr. Armstrong uses all potencies from the crude to the higher and highest. *Chamomilla* acts best at the 30th and 200th, *Lachesis* at 200th, and *Sulphur* always high.

About eighteen month ago, himself caught cold; it continued long; had continued pains in the left lung; coughed and expectorated; lost flesh and grew constantly weaker and much alarmed. Suspended practice and took a trip east. Stopped at Dr. Gregg's in Buffalo. The Doctor's prescription was *Ars.* 3000. Went on to New York and from there by steamer to Portland, Maine, and in ten days was back to Buffalo in a worse condition than before. The Doctor then gave me a dose of *Sulphur*, very high. I at-once began to feel better, pain in the lung died away, all symptoms vanished and strength and flesh returned.

Dr. Eggert — I use high potencies almost exclusively — from 200 to 10,000. Can do better service with them. I cure congestive chills (malaria) with the 200th potency.

I cured a case of membranous croup a short time ago with *Causticum* 10,000. Child was better in five minutes and well next day.

Dr. Morgan related a case of chronic headache cured by *Nux. vom.* 30th after the 3d had failed.

Dr. Haynes can cure better with the higher potencies. Always uses *Cham.* at 200th. *Gossypium* 1000 cured its characteristic, menstrual headache, in one hour after a lower potency of the same drug had failed.

Dr. O. S. Runnels said experience must settle the potency question for every individual. No one should be censured for adhering to the potency dictated by his most enlightened experience. I use both the higher and lower potencies and would not be restricted to either exclusively.

Adjourned.

EVENING SESSION.

Institute convened at hour appointed. Attendance flattering. Among the visitors were Drs. E. M. Kellogg, of New York, and J. Swigart, of Indianapolis. The deferred report of the Board of Censors

was now received. Upon recommendation, Wilmot Moore, M. D., Terre Haute; W. F. Becker, M. D., Aurora; Louis Balfour, M. D., Greencastle, and W. P. Armstrong, M. D., Paris, Ill., were promptly elected to membership.

The President then read a paper from Dr. M. H. Waters, of Terre Haute, on *Œdema Pulmonum*.

It was the record of a very interesting case which had occurred in the doctor's practice.

Dr. Armstrong read a paper on Cardiac Hypertrophy from Aortic Stenosis. It was a classical study of the subject, including causes and resultant morbid phenomena — a very valuable paper.

LESION OF THE PNEUMOGASTRIC.

Dr. Lucas presented an interesting paper on the Physiology and Pathology of the Pneumogastric Nerve—as existed in a case: A female, aged sixty-two, has for twenty years suffered from repeated attacks of acute dyspepsia. A year ago a severe attack of cramp-colic was followed by a troublesome diarrhœa which prostrated her for weeks. This was followed by repeated attacks of dyspnoea, aphasia and dysphagia, and especially the inability to swallow solid food. These symptoms (except dysphagia,) at length gradually subsiding, the legs were covered with spots resembling bruises which would turn yellow and pale away only to return again. At each repetition the spots became more painful and hard and the legs immovable, except with great pain. As the extremities would improve, the lingual and respiratory symptoms would increase. The dysphagia has been present through all the phases of the case. From long study of the case, I believe the entire difficulty consists in some lesion of the pneumogastric or that part of the brain giving origin to it.

Dr. Hunt thought the remedies used should be named. He regarded the case of peculiar interest because of its obscurity. I saw the case prior to the appearance of the spots and during a severe attack of the pectoral and cervical symptoms. I then thought the difficulty arose from some organic lesion of the glottis and œsophagus. In the light of subsequent phenomena, I think Dr. Lucas' hypothesis plausible.

Dr. Lucas said *Arum triph.*, *Lach.*, *Kali b.*, and *Nux. v.* had from time to time been given. [Why not *Bapt. ?*—ED.]

Dr. E. M. Kellogg thought there was syphilis in the case and recommended *Nitric acid*.

Dr. Lucas was satisfied the case was free from syphilis.

Dr. O. S. Runnels then read a lengthy paper entitled, *Prophylaxis*.

Dr. Maguire thought the paper ought not to be filed away and no further use made of it. The facts there embodied would, or should be, of great interest to the common people and should come before them.

A motion was made and carried, that: Dr. Runnels be requested to furnish the *Indianapolis Journal* a copy of the paper for publication.

Institute then adjourned till 10 A. M. to-morrow.

MORNING SESSION.

Institute convened pursuant to appointment. President Elder in the chair.

The opening hour of the session was occupied by a running

DISCUSSION ON CLINICAL MEDICINE,

which proved to be one of the most profitable and enjoyable features of the entire meeting.

[Such impromptu comparisons of experience are calculated to draw out all the practical points of current experience, which are not deemed of sufficient importance to write an essay about, but which are nevertheless essential pabulum for the profession. Try it in your Societies, as we did, and report if you don't prize it.—Sec'y.]

Dr. Maguire made a verbal report of a case: A man, aged seventy-four, in unusually good health, was suddenly attacked with acute pain in the ascending colon. Suffering produced by it was intense. The vital forces seemed to sink rapidly, pulse very exalted, cold sweat on forehead and face Hippocratic. Extremities, however, warm. Prescription: *Cact. g.* 1, and *Nux. v.* 3d; alternative, every hour. Expected to find a corpse next morning but instead he was a well man. What was the nature of the case?

Dr. O. S. Runnels—It was probably some form of intestinal obstruction—ileus. Related a similar case of recent occurrence which medication failed to reach, and which after two days of growing alarm and danger was entirely relieved by forcible and extreme inflation of the abdomen, per rectum.

Dr. Boyd said he was just convalescing from an attack which was of interest as an illustration of an unusual coincidence. A month ago I was suddenly seized with a severe pain in the epigastrium and right hypochondrium. Its intensity rapidly increased; produced retching and vomiting, and finally very alarming symptoms which suddenly ceased at the end of seventy-two hours. It was "gall-stone colic." About thirty-six hours, however, before the gall-stone passed, a severe pain came suddenly in right lumbar region. This had no connection with the gastric pain more than there seemed, in the work of torture, to be a rivalry between the two. It had a tendency downward and forward, caused continued desire to urinate, and constant bloody urine. This agony lasted two days and ceased suddenly. It was renal calculus. When the calculus experience ceased a bilious fever was firmly established.

Dr. Armstrong related a case of compound fracture of the toe—bone still protruding. Will flesh grow over denuded bone?

Dr. Elder—That depends on the presence or absence of periosteum.

Drs. Maguire, Morgan, and O. S. Runnels discussed the best applications in dressing wounds. Condemned the *Carbolic acid* dressing, so much a favorite in the old school. Air should be kept from the wound and a lotion of *Calendula*, *Arnica* or *Symphytum* applied.

Dr. M. T. Runnels in spite of the foregoing would bear testimony to the value of *Carbolized oil* externally used, (one part *Carb. ac.* to five or ten of linseed oil,) it acted like magic in some cases.

Drs. Haynes and Hoyt would condemn entirely all topical medications. Have the dressings dry and depend on internal treatment.

Any one who will give this a fair trial will never resort to daubs or lotions again.

Dr. M. T. Runnels then read a valuable paper on Endocarditis—its pathology and semeiology.

The paper evinced deep study and was well received.

Institute then adjourned to 2 P. M.

AFTERNOON SESSION.

Institute was called to order by the Chair at 2:20 P. M.

Dr. Haynes read an extended paper on Morbid Growths.

Dr. Maguire said the *Acid of sorrel* would destroy the cancer cell. Thinks *Oxalic acid* also would be applicable to cancer.

Dr. Haynes further reported a case of a cancer on the crown of the head, covering an area six by nine inches. Gave *Conium* 6th internally and applied boiled linseed oil externally. Case improved. Afterward gave *Juglans cin.* 6th and applied it in linseed oil (one part to nine oil,) externally. Improvement very rapid; after two months treatment the diseased space has contracted to the size of a three-cent piece, and promises a permanent cure. *Juglans cin.* 6th has always served me most satisfactorily in all dermoid affections. It will cure the fish-scale eruption.

Dr. Armstrong has seen this case and bears witness to its present condition and evidence of previous bad character.

Dr. Eggert moved and it was carried that the publishing committee be authorized and instructed to distribute the Institute's file of matter to our various journals for their use in publication.

In accordance with a motion, the Chair then appointed Drs. Haynes, Hunt, and Eggert, a Committee on Legislation.

The Chair then announced the following appointments to the various Bureaus:

Provings—Drs. A. L. Fisher, A. J. Compton.

Materia Medica—Drs. W. P. Armstrong, T. B. Hoyt.

Potency and Dose—Drs. W. Eggert, E. Beckwith.

Clinical Medicine—Drs. S. Maguire, W. Moore, W. L. Morgan, J. N. Lucas.

Obstetrics—Drs. G. W. Riddell, W. R. Elder.

Microscopy—Drs. J. Haynes, F. L. Davis.

Pathology—Drs. C. F. Wymond, W. N. Bahrenburg.

Physiology—Drs. M. H. Waters, M. T. Runnels.

Surgery—Drs. S. C. Whiting, Louis Balfour.

Contagious Diseases—Drs. C. T. Corliss, O. S. Runnels.

Epidemics—Drs. W. F. Becker, D. Haggart.

Electricity—Drs. J. B. Hunt, O. P. Baer.

Ophthalmology—Drs. J. F. Boyd, W. L. Breyfogle.

Institute then adjourned to meet on the first Tuesday in May, 1875.

O. S. RUNNELS, Secretary.

A FEW REMARKS ON PALLIATION.

According to Webster the original signification of the word Palliate would seem to be, "to cover up, to conceal;" but when applied to medicine, "to alleviate, to render more tolerable." What is called palliation may be divided into two kinds:

1. That which is curative in its action as far as it goes, but from too great structural change having taken place, or from some other cause, as in old age, when the machinery of life is worn out, can not result in a perfect cure.

The best method of easing pain or other suffering, as one of our physicians has truly said, is by "the properly-chosen Homœopathic remedy;" that which, if the case is curable at all, is the proper curative agent. The relief which it affords is in most cases fully as prompt as that brought about by other means, and frequently much more so. In support of this let us call to mind the multitude of cases of toothache which have been cured in a very short time by such remedies as *Aconite*, *Pulsatilla*, *Coffea*, *Apis*, etc., for I might report numerous cases from my own practice which have been cured in a minute, or even less, by rubbing the tincture of *Aconite* upon the gums, or by *Pulsatilla* within a few minutes after the first dose, or by *Apis* in an equally short time, none of which ever returned. These were genuine cures, produced without even waiting the half hour or hour required to bring the patient under the influence of *Morphine*, and without the loss of the tooth, which is generally the result of Allopathic treatment. Or, I might call attention to the numerous chronic headaches which Homœopathy has cured after Allopathy has failed to afford even temporary relief. Or to gastralgia, which, under Homœopathic treatment, can generally be relieved in from a few minutes to half or three-quarters of an hour, and by continuing the same treatment for a little while is completely cured, never to return. What physician of experience but has observed that after the patient suffering from this distressing affection has been relieved by palliative means he is confined to his room for from two or three days to a week by the great soreness in the stomach and abdomen, which prevents the least motion without intolerable pain? And when, after enduring a hundred or more of these attacks your martyr to the cause of scientific (?) Allopathic medication calls in a Homœopathist, who cures him in an hour, or perhaps less, with what wonder, and surprise, and almost incredulity he discovers, after the pain is over, that he can move with freedom and go about his business without inconvenience. And this result has been secured without the aid of either faith or hygiene.

I am fully convinced from my own experience, and by observing the practice of others, that patients treated Homœopathically suffer far less pain during the same period of disease than those treated by our regular friends, even in cases which must necessarily terminate in death; and if the case is a curable one, the treatment being abortive and curative, the disease does not last so long, and there is less time for suffering.

2. That which relieves suffering for the time, but is followed sooner

or later by an aggravation to counterbalance the benefit which has been derived from it.

This, which will be recognized as true palliation, according to the original meaning of the term, is far from being desirable. It is, as its name indicates, a cloak, a deception; and every particle of relief obtained by it must be followed by increased suffering or shortening of life. Increased constipation after a cathartic has temporarily relieved it; increased diarrhœa after opiates have dried it up, and increased pain and sensibility after neuralgia or other pain has been relieved by *Morphine*, are examples of this. It is the palliation resulting from the use of stimulants and narcotics as such, and can never bring about a cure in any case, although the patient may recover from his original disease, the physician merely holding the case, administering his palliatives and awaiting the critical day; for, as we are frequently told when some good Old School brother wishes to account for the recovery of patients under Homœopathic treatment: nine-tenths of all cases of acute diseases will recover without any treatment whatever. We may well doubt if Old School palliatives are ever given without injury to the patient, either at the present or some future time. They constantly create new diseases, of which I will only mention here: Constipation, indigestion, loss of appetite, and consequent debility. To cite cases in illustration of this is unnecessary, for every physician has seen patients brought to death's door by the use of *Morphine* for the purpose of easing pain, the digestion and appetite being completely destroyed by the narcotic, no progress having yet been made toward the cure of the disease.

And when we come to think of the evil habits resulting from prescribing opiates and alcoholic stimulants, what volumes might be written upon the subject! Who shall say how many men have been brought to a drunkard's grave, after having for years made miserable all around them, all the result of a stimulant administered as a palliative? Who shall say how many promising youths have become habitual drunkards in consequence of the recognition by the physician of the general beneficial effect of alcoholic stimulants, merely for the sake of the paltry amount of temporary aid which they may afford his patient? And what but Allopathy is responsible for the vast army of opium-eaters in this country? For I believe that here all opium-eaters begin the use of the drug as a palliative medicine, and in nearly every case it was prescribed by an Allopathic physician.

Pitiable, impotent, hopeless wretches! Never may it be said that a Homœopathist is responsible for the transformation of a noble man or woman into one such as these. Only a short time ago I cured a man of this habit, brought on by his physician, who prescribed *Morphine* for him while awaiting his recovery; and he and his friends thank Homœopathy, and are grateful to me, and I am rejoiced. Well may we thank God for having, through the great Hahnemann, placed in our hands a system of medicine at once so harmless, so potent to relieve suffering and cure disease, and so beautiful in its workings as is Homœopathy.

PARIS, Ill., October, 1874.

WM. P. ARMSTRONG.

THE HOMŒOPATHICITY OF REMEDIES ILLUSTRATED
BY THEIR PHYSIOLOGICAL ACTION.

BY S. LILIENTHAL, M. D., NEW YORK.

Dr. Mossa, of Bromberg, reports the following cases in the *Allg. Homœopath. Zeitung*, August, 1874.

CUPRUM CASES.

CASE I. B., green-grocer, sixty years old, emaciated, lips pale-bluish, tongue more bluish-red, nose bloated and of that color peculiar to potatoes, especially at the tip, still he decidedly denies the habit of drinking alcoholic beverages; he might take a glass once in a while but this he did more on shipboard than now. He suffers from a chronic bronchial catarrh, and expectorates, sometimes, traces of blood. No hemorrhoids. Radial arteries feel rather rigid and pulse is irregular. Digestion normal but bowels rather costive. Sleep had been normal, but now he sees in the evening, when going to bed, his bedroom full of hobgoblins, especially when he closes his eyes, he complains also of a buzzing and drumming noises in his ears. These imps are the whole night in activity, he sees them driving and hears the noise of their whips. This was his state February 2d, a. c., last summer he suffered from similar hallucinations, only they were worse, as they also pursued him the whole day, even with open eyes, so that he took these figures for realities and spoke to them. Since then he has also suffered from headaches, especially in the region below the os-frontis, he feels as if his head would be torn asunder. He also always has a flimmering before his eyes, whereas—according to his age—he hardly sees anything or recognizes at a distance, his vision is so good close by, that even by lamp-light, he can read without spectacles.

When walking in the street he frequently becomes dizzy, so that he has to stand still in order not to fall down. His memory is very weak, as also the cerebral functions in general; in speaking, he frequently has to think for the right word. The temperature of his skin is diminished, the hands always cold and in water they turn quickly blue.

In this senile disease, at any rate dependent (whether ex usu spirituosorum or not.) on a retarded change of tissue, probably caused by an atheromatous process of the blood vessels disturbing the blood circulation. I selected as the remedy, the chief representative of Grauvogl's carbo-nitrogenous class, *Cuprum*. I cannot say with certainty, that every solitary symptom in all the minutiae may be found in the pathogenesis of *Cuprum*; but Rademacher and his disciples have shown us that our provings of *Cuprum* have not yet been exhaustive enough to show every sphere of action of this drug. Our own school records successful cases, treated with *Cuprum aceticum*, as threatening cerebral paralysis, especially after retrocession of a cutaneous eruption, symptoms of brain-fag after excessive mental work or night-watching, puerperal mania or cerebral troubles from suppressed erysipelas faciei, apoplexy, nervous symptoms in the last stage of whooping-cough, all

manifestations hinting at a blood loaded down with *Carbonic acid*, and relieved by the use of *Cuprum*.

We prescribed *Cuprum aceticum* 2*l*, three drops *mane et vespere* in a tablespoonful of water, with an interval of one day after having taken eight doses. He used up perhaps two drachms in this manner. He showed during the first days, as medicinal symptoms, pressing pains in the sacrum and retardation of stool. All his ailments, even the bronchial catarrh, improved from day to day. I meet the man often and find his present state in comparison with his former state excellent.

CASE II. *Hallucinations of sight*, cured by *Cuprum*, we also find in the case recorded by Schmidt, in the *Hygea*, 12. 120. :

A consumptive patient was attacked with paroxysms of anguish, during which the pulmonary trouble became latent; mania of persecution, he saw officers of the law which wanted to take him prisoner—an idea about which he cries like a child. He sees robbers in his room, specters and different other objects; whereas he describes fairly some of his ailments, he gives wrong descriptions of others. He sits down in perfect despair, shows some dyspnoea, a terrible anguish and a tendency to syncope. During the paroxysm the pulse is changable and weak, the skin cool bedewed with cold sweat. Cured by *Cuprum aceticum*.

Hering's *Materia Medica*, Vol. I., p. 128. Compare symptoms of the mind, especially 10 "had to think a while before he could answer." 35. 42, 49, 78, 79, 80, 87, 105, 115, 160, 227, 228, 238, 724, 1051, 1104, 1160, 1170, 1210, 1239.

Hahnemann (*Chronic Diseases*, III., 190.) mentions among the psoric affections relieved by *Cuprum*, discouragement, pain in the head, as if the head were hollow, melancholy, precordial anguish, weakness of memory, dullness of the head with headache; vertigo, more violent during motion, less so when lying down; pain in the forepart of the head, as if the brain were pressing outward, especially when stooping, with obtusion of the head; constipation; cough with discharge of blood; hurried breathing with slight raling in the bronchial tubes, as if they were full of mucus; suffocating arrest of breathing; cold hands; faintishness of the limbs; relaxation of the whole body.

Having now proved the perfect Homœopathicity of *Cuprum* to the cases given above, let us now commit the unpardonable sin of examining the

PHYSIOLOGICAL ACTION OF COPPER

and its salts on the human body.

Mossa explains his cases by inhibited rejuvenation of the blood. In the first case the psoric affection shows itself by acne rosacea, in the other case we have tuberculosis. In the case of senility the atheromatous condition of the arteries explains the nervous symptoms and it is well known that tuberculosis and mental affections are interchangeable affections, and in autopsies of insane persons tubercles are frequently found in different organs.

Headland, (*On the Action of Medicines*, page 236,) speaking of the class of anti-convulsives, (*Arsenic, Argentum, Plumbum, Zincum, Cup-*

rum.) remarks: the convulsive disorders that are under the influence of *blood-medicines* are associated with, or dependent on, a *deterioration of the blood* of a peculiar kind. Although these diseases are manifested either by a derangement of the nervous system in general, or by a disturbance of a function of the brain or spinal cord in particular, yet they are very rarely accompanied with an appreciable nervous lesion. Chronic poisoning by lead, zinc, or copper, besides a number of nervous symptoms, tend to bring on a kind of jaundice, with general wasting of the body, and in such patients a deficiency of corpuscles in the blood is observed with an unnatural yellowish color of the serum.

Bayes' (Applied Homœopathy, page 88,) finds *Cuprum* indicated in slow pulse, after the sign of feeble muscular action of the heart. He mentions the case of a gentleman of seventy years, whose pulse was only thirty and who was subject to sudden falling fits, probably from cessation of action of the heart.

Grauvogl also considers *Cuprum* a great antipsoric remedy and remarks (I. §198.) that scientific researches prove, that copper in a finely divided state absorbs large quantities of the ozone — the very thing our patients needed for the rejuvenation of their blood.

ARGENTUM CASES.

CASE III. Mrs. P. H., forty-seven years old, a corpulent and large-boned woman, passed her climaxis two years ago and when well is a regular busy-body mentally and somatically. Several years ago she suffered from hepatic troubles, even now her liver is swollen and painful on pressure. Last year she grieved intensely over the loss of her only son, ending in deep-seated melancholy with spasmodic hiccough and paroxysms of angina pectoris. She also suffers frequently from left-sided sick-headache, which appears suddenly with cold forehead, and a sensation as if the skull were lifted off; it itches in the left temple; the chest feels too narrow; respirations increased; short spasmodic shocks in the heart, with the sensation as if it would entirely stand still; frequent and strong palpitations. Pains also in the *left* calf, as if the muscles were torn from the bones, increased when walking (so that she limps), but felt also when lying down, and even worse at night. Pain in *left* tibia, as if it were broken. On both legs bluish spots. She has to sleep with the head high; very little appetite; tongue slightly coated; urine scanty and of a dark color; sedentary occupation.

Patient received *Argentum nitric*, 2d dil. one drachm, three drops every three hours. An aggravation followed, especially the headache increased terribly, the pains in the calf also grew worse; but a decided improvement set in on the third day, the head was clear, the breathing more quiet, easier and not a trace of palpitation. She enjoyed a refreshing sleep and could lie with her head in a natural position. She continued the same remedy in the 3d dilution twice a day for sometime yet, and feels better than she did for a long while.

CASE IV. H., aged fifty, a landholder, somewhat emaciated, yellowish countenance, known among his friends as a good example of hypochondriasis, complaining the whole winter at home and grumb-

ling during the summer at some watering place. His troubles are rheumatic (?) pains in the extremities, sacrum, and back. He had taken any quantity of *Quinine* and *Bromide of potassium*. When sent for he complained of cutting pains in both hypochondria and toward the back, increasing at short intervals; firm pressure relieved; motion increased it, so that patient was obliged to lie down. Oppressive and compressing sensations over the thorax, so that he breathed short and moaning. Dorsal vertebræ painful to extreme pressure; slight bronchial catarrh; appetite still good; constipation; pulse irritable; is afraid he will never recover. I knew my patient for many years, and also the fact that he took long walks without difficulty, summer and winter, and that he felt best in the fresh air. His spinal trouble could be easily explained, as he at the age of forty and over, married a beauty of twenty. Patient took *Argent. nitr.* 3d dilution, one drachm, three drops every three hours. His chest felt already better on the next day, the cutting pains were also diminished, but he still complained of frequent twitches from the right hypochondrium backwards. He soon could leave his bed and take some steps without pains. After using two drachms of the same remedy, three doses per diem, he was entirely free from pain, in fact he felt his whole being rejuvenated.

PHYSIOLOGICAL ACTION OF ARGENTUM.

Grauvogl's remedies for his carbo-nitrogenous constitution are all Homœopathic ozone-makers, they relieve a deficiency in the blood and facilitate the change from venous to arterial blood. We observed, that Headland classes *Argent. nitr.* also among the remedies, whose action depends on a deterioration of the blood.

Bogolowsky (Practitioner, July, 1869,) considers silver to have a direct and primary influence upon the red blood-corpuscles of the blood, causing their coloring matter to escape into the plasma and thus interfering with oxydation and ultimately causing chlorosis.

Krähmer's experiments led him to the opinion that *Nitrate of silver*, added to the blood, diminishes the ingestion of oxygen and reduces the process of decomposition in substances liable to putrefaction into narrow limits.

Dr. Adolph Lippe, (*New England Medical Gazette*, December, 1874.) reports a case of infantile diarrhœa cured with the 100,000th potency of *Argentum nitr.*, with the following characteristic symptoms: 1. Evacuation like spinach flakes. 2. Stools passed forcibly with much flatulency. 3. Relief of pain from belching up wind, (cessation of crying after an evacuation).

We sincerely thank this eminent practitioner for his classical illustrations in the selection of the *Similimum*, given in the number above mentioned, and we could only wish that those few physicians who, like Lippe, are experts in the *Materia Medica* would follow his example and thus enrich our knowledge without impoverishing themselves.

Is it wrong, when we study the case from another aspect and consider the decomposing of the food as the cause of the green stools with flatulency upwards and downwards? We know that in the irritative

diarrhœa of dentition, and especially during hot weather the whole nutritive apparatus, including the ganglionic nerve-centres become affected, sanguinification must become impaired, and an imperfect blood deranges the action of the brain and spinal cord, hence the convulsions as well as the stupor.

Let us now look in Allen's Encyclopedia of Pure Materia Medica, I. page 453, and compare with this pathological state the pathogenetic symptoms of this remedy, and we read: Symptoms: 2. apathy with great debility and tremulous weakness. 3. hypochondriac and gloomy mind, (the emaciation and the tendency to fatty degeneration in the different organs are caused by these modifications in the blood and blood-corpuscles, and the morbid state of the cardiac muscles as well as the respiratory tract are easily explained by the venous stagnation.) drawing pain in the forehead; yellowish complexion; feebleness; debility and weary sensation in the lower limbs. 4. hypochondriac taciturnity with dullness of the head and beating of the whole body. 47. Headache worse in the open air. 52. Headache becomes intolerable when making the least movement. 53. The head seems enlarged. 318. Violent belching. 354. Shifting of wind and twisting in the stomach with frequent empty eructations. 398. Emission of much flatulence. 410. Stitches dart through the abdomen like electric sparks. 412. Pain in the hypochondria. 439. A slight colic, wakes him from his uneasy slumber, and he had sixteen evacuations of green, very fetid mucus, accompanied with emission of a quantity of noisy flatulence. 568. Sense of pressure in the chest. 588. Palpitation of the heart and sensation of restlessness in it. 684. Rigidity in the calves with great debility and exhaustion. 691. When walking pain in the left calf, such as is usual in cramp of the calves, etc., etc.

Dr. Lippe also remarks, that in his case *Sulphur* seemed to be similar, but the other usually characteristic symptoms of *Sulphur* were not present, and the green discharges (excoriating) of *Sulphur* are of green mucus.

Sulphur, the great anti-psoric or ganglionic, as Burt calls it, presupposes an impurity of the blood, which added to any diseased state, baffles our usual curative efforts, until modified or rectified by a few doses of *Sulphur*. May we not go one step further and find out what is the action of *Sulphur* on the protoplasmæ of the patient, for Darwin taught us that every organism carries in itself the whole history of its genesis.

[TO BE CONTINUED.]

COUGH—June, 1873, J. W. B., aged forty-eight, by occupation an auctioneer. Has for a long time a hard, racking cough, which is loose during the day, but dry at night. The cough usually awaking him about midnight, at which time he feels bloated. Sensation of fullness reaching up to the throat, seems as though he would choke, has to jump out of bed to get his breath. *Lycop.* 5000 (F), three doses at intervals
A. C. C.

USELESS DIAGNOSIS, ILLUSTRATED.

BY AD. LIPPE, M. D., PHILADELPHIA.

The modern practitioner of Homœopathy, as well as the modern teachers in the so-called Homœopathic Colleges, have of late years, enlarged upon the necessity of basing a more scientific treatment upon the progressive diagnosis of the common school of medicine: and they claim in extenuation of their new departure, that Pathology has so much progressed since the days of Hahnemann, that we are bound as scientific men to so modernize our practice as to introduce the new discoveries and be guided by them.

What Hahnemann said in his *Organon* in 1833, paragraph 6, and the foot-note attached to it, is as true in 1875 as it was then. Millions of dissections will never reveal the *causa morbi*; they reveal the destructive processes of what is termed disease, and of the drugs used to remove the undiscovered *prima causa morbi*.

It is the object of this paper to illustrate the uselessness of the ordinary diagnosis of the common school, and the utter fallacy of attempting to base the Homœopathic treatment of a given form of disease on this fallacious diagnosis, and farther it will be shown that Hahnemann taught us better, and that success must and will follow the faithful application of the fundamental principles laid down in his writings.

During the last eighteen months I have treated three ladies who suffered with a chronic disease; so very remarkably similar were the cases, so very different were the remedies applied to these similar cases that they very singularly demonstrate the necessity of following Hahnemann and his teachings, strictly and faithfully, to secure results never before obtained by the common school of medicine.

Lady No. 1, had been sick for twenty-two years; Lady No. 2, had been sick for twelve years; Lady No. 3, had been sick for nine years; all under Allopathic treatment.

All three were in good health till they were confined, all three had puerperal fever, (so-called,) all were cured by different Allopathic physicians of the puerperal fever, but remained sick notwithstanding the pretended cure. All three suffered thus from congestions and prolapsus of the uterus. The knife, all sorts of caustics, all sorts of torturing instruments were freely applied, all three gradually grew much worse and at last contented themselves to have some female doctors apply *Hydrastis*, etc., to the congested, indurated, and ulcerated uterus. All three became seriously mentally affected, they had lost all hopes of recovery, were in hopeless despair, could not apply their mind to any thing or subject, were all the time contemplating self-destruction as the only means of relief, also all three were Christian women and faithful members of different churches. All three disliked solitude, as the desire to destroy themselves at once took possession of them when alone. The *causa morbi* was the silly and pernicious treatment of the puerperal fever, of course, none of the three women had ever become pregnant again. The puerperal fever was the diagnosis of learned doctors, and if a treatment based on a proper diagnosis is supposed to

be successful, on that account it should always, or at least, generally be so, and in this case the puerperal fever not having killed these women, the learned doctors report such cases as *cures*, which surely they were not; did not lead to health, but to protracted untold sufferings, finally to be relieved by Homœopathic treatment.

If the common diagnosis did not teach the learned physicians how to cure this well-understood and often observed form of disease, it was not to be expected that the sequences of these maltreated cases, also capable of a correct diagnosis, especially on account of their great similarity, would be the better treated if this was based on this very diagnosis. Many symptoms of these three cases were almost identical, but no one of the three cases required or received the same remedy. The same rule which guides every true Homœopath in the treatment of epidemic diseases, guided me in these chronic cases in diagnosing the truly Homœopathic remedy for each of the three individual cases. In epidemic diseases, the great similarity of symptoms of all the cases affected by it, have kindled a hope in the minds of the thoughtless, that after all, in such diseases a specific might be found. A vain hope of men who forget that Homœopathy "individualizes" always and under all circumstances! So in these cases, and individualizing each case, called for a different remedy.

Lady 1, the sickest, was worse at night, then cold perspiration, in the morning vomiting of frothy mucus. Gave *Veratrum alb.* at long intervals, and find her requiring very little treatment and certainly no other remedy.

Lady 2, had habitually morning diarrhœa, if otherwise more sick, gave *Sulphur* at long intervals. Requires no more treatment.

Lady 3, during menstruation violent colic; great fears when alone, but dread of strangers or company. Gave *Conium* at very long intervals — is fast recovering.

All three ladies go out again, enjoy society, and praise "Hahnemann."

THE FIRST PRACTICAL STEP.—To those of our readers unacquainted with Homœopathic Therapeutics, we would advise to send to any of our Pharmacies for some advanced domestic works, e. g., Shipman's Guide (\$3.00), Laurie's Domestic Physician (\$5.00), Pulte's Domestic Physician (\$3.00), Hering's Domestic, Small's Domestic (\$3.00), or Ruddock's Text Book (\$8.00), either, or all of these. Then get a set of say forty of the chief medicines (each one-half ounce of the third attenuation, \$10.00), a pocket case of thirty vials (\$6.00), a bottle of alcohol (\$1.00), and a sheet of labels (50 cents). With these you can get a little idea of the rudiments of Homœopathic practice. Now get Hahnemann's Organon (\$1.50), and Grauvogel's Text Book (\$8.00). You have only taken the first step in Homœopathy. There are two more long steps.

QUANTITY VS. QUALITY.—The educational influence of alternation and frequent doses is to lead the people away into the wilds of Allopathy. Those persons who have taken much medicine, and become disgusted with it, are not now the bulk of our patrons. We treat a new generation of people, who know little of the dire effects of drugging, and are the more easily led away by the idea that it is quantity and not quality that cures. "Shotgun" practice does not make staunch Homœopaths. Now is a good time for us to begin to try to practice strict Homœopathy, i. e., the single similar remedy and the small dose. A strong determination is all that many need. Try it, and we will help you all we can.

Surgical Department.

SOME OPHTHALMIC COMMENTS.

BY W. H. WOODYATT, M., D. CHICAGO.

In the December number of the *MEDICAL INVESTIGATOR* are some "Notes of Surgical Practice," which are prefaced by the following observations: "It has occurred to the writer that many cases in a surgeon's practice which seem to demand, or at all events, receive operative treatment, often present indications for the use of our remedies; also, that many not in surgical practice would often be unable to derive the best results from a surgical operation through inexperience in Homœopathic after-treatment." The first idea has fortunately occurred to many others who are familiar with the potency and range of Homœopathic remedies, and one medicine after another has been tried in case after case, in order to test its truth. Positive results have been obtained in a number of cases from these trials, and so recorded as to be at the command of every student. Nothing that falls under his eye is read more carefully or more thoroughly digested than the account of some new means of arresting or eradicating a disease which has hitherto been amenable only to the knife. Nothing is more likely to arrest the attention and secure a careful perusal of what follows than the opening suggestion that further on is the *demonstration* of the marvelous power of medicine over the tissues of the body. Equally valuable and equally attractive to those interested in surgery, are the proofs of the aid that may be rendered by carefully selected similars in cases after operations have been performed. From our surgeons in every quarter we receive the assurance that actual observation has demonstrated the fact, that medication according to our law has been followed by recoveries that could not be expected without it. After reading the preface thus far, expectation ran high, and when the next sentence disclosed the fact that from his case book, of ninety days experience, he was going to cull a *few* cases from the many of interest to illustrate the points touched upon above and also "to refer to some points of pathology that are perhaps not well established, or it may be not generally known," it seemed as if a perfect type of magazine article was here.

It was to illustrate, (a) how internal medication might supplant the knife; (b) how, after the use of the knife, doubtful cases might be conducted to a safe recovery; (c) to illustrate some obscure points in pathology. Surely no fitter subjects could have been selected by the author of *Surgical Diseases and their Homœopathic Treatment*; none in which his peculiar views could appear to better advantage; none in which their practical utility could be made more apparent. The text

being so explicit and limited, of course each case narrated would be to the point and bear directly on the subject.

A ripe experience alone could have placed the doctor in the position he occupies. An extensive practice of years, in which remedies were constantly applied in surgical diseases and their effects noted carefully, has compelled him, it may be, to entertain advanced views with regard to the possibilities of medicine. His thought has fairly hovered over these subjects, and the revelations that have appeared to him from time to time, have found frequent expression in society meetings, magazines, and in his own book, consequently anything appearing at this latter day would only be for the purpose of confirmation or corroboration. Bold statements have been made frequently in direct opposition to "standard authorities." True, no reasons were given, but the opportunities may not have been favorable and the *ipse dixit* of the promulgator must suffice. New notions of pathology were advanced, unquestionably on the strength of investigations with scalpel and microscope, to overthrow the old weak ideas that had been entertained for so long and had so many believers. True we were not favored with any detailed account of these laborious efforts, nor were the doubts and questionings of our minds incident to the acceptance of new truth in the least anticipated, but then we had a champion who was strong in himself and we could wait.

By these surgical notes we are brought directly to the evidence—cases to illustrate the several points—a chosen few from the actual record. This was exactly what was needed. Biding the appearance of these, we could afford to cover some apparently glaring inconsistencies with the mantle of charity, and indulge the hope that what certainly looked suspiciously like error might shine forth with all the brilliancy of confirmed truth.

But then all this was speculative. It was a little reflection undertaken to add the pleasure of anticipation to that of realization, permitted for the purpose of prolonging the pleasurable sensation that was shortly to reach its acme. How can the disappointment that followed be expressed? Perhaps best by taking some of the cases and adding the thoughts that arose during their perusal.

CASE I. CATARACT.—"Man, aged thirty, right eye, following scarlet fever when a boy, distinguishes light from darkness. Adhesion of the iris *plainly* diagnosed and prognosis given unfavorable. Patient insisting on an extraction was etherized *and after making the corneal flap* the adhesions were found to be so extensive *and the anterior chamber so shallow*, that further procedure was stayed." The italics are supplied. Comments of the author follow, but there is the case. Does it illustrate any obscure point in pathology, or show how to use remedies to advantage? It certainly shows something. The case on this presentation looks very like one of irido choroiditis with, so-called, opacity of the anterior capsule of the lens, and the wonder is that the adhesions being so *plainly* diagnosed the possibility of antecedent inflammation of the iris had not received some attention and notice. Another point, if the adhesions were so *plainly* diagnosed, why was it necessary to make a

corneal flap to determine their extent? What was there in that step that threw any new light on the case? To determine the depth of the anterior chamber is the work of a glance, ordinarily, and any doubt may be quickly removed by the oblique illumination, yet here we learn that it only became apparent after the corneal section. When the cornea is incised throughout one-half of its extent, as is the case in the corneal section, and the aqueous humor escapes, as it does instantly, he is a shrewd observer who can calculate its depth. The author goes on to say; "The probabilities seemed to be that the *whole eye* was partially disorganized as the *lens seemed* absolutely immovable." The "*whole eye*" means a good deal. Certainly the largest part was under his unaided gaze, but why he should have concluded that it was all partially disorganized (and what does that mean?) because the *lens seemed* absolutely immovable is a mystery indeed. There was evidence enough to have approximately determined the true state of the choroid and retina without putting a knife near the eye, and its use was certainly no assistance. Having settled the point that the "*whole eye*" was partially disorganized, we are told that "with this state of affairs it would be an interesting question to decide, how, then, did the patient have perception of light."

Had the eye been taken out before operative procedure was stayed and the inner tunics examined microscopically the question would have been settled and the patient none the worse.

The question has already been answered by some of the "*standard authorities*," a study of whose works may clear up some obscure pathology, and answer the questionings of an eager mind.

CASE II, is one of soft cataract in a woman aged forty. Operated on by discission. One eye a succes the other a failure. This bare recital adds nothing to our knowledge of pathology or materia medica.

[TO BE CONTINUED.]

CARBOLIC ACID IN CANCER.

A CASE OF LUPSUS.

For ages a remedial agent for cancer has been sought, and although innumerable "specifics" have been discovered, invented, and largely accepted by the poor suffering victim of this terrible affliction, as last hopes, each has had its day, and has been thrown aside as worthless and delusive. The much-vaunted *Cundurango* was introduced under exceedingly favorable auspices, but its day was short. Now comes our *Lapis albus*, of which time will prove, and the future will render verdict. What a blessing to humanity if it should prove to be at last the long-hoped-for cancer specific.

The readiness with which even suggested remedies for cancer are accepted, is an evidence and acknowledgement of our inability to do better. In consideration of this it becomes a duty, as well as a pleasure, to add testimony to any well-authenticated successful treatment. In

the October number of *THE INVESTIGATOR*, Dr. A. G. Beebe reports such a case, of melanotic cancer, cured by *Carbolic acid*.

In 1871, while in charge of the Homœopathic dispensary here, a case of lupus of the face was under treatment. It had been diagnosed as lupus by each of my three predecessors, who treated it, each in turn, a month at a time, for three months. During that period the usual remedies which seemed indicated, such as *Arsen.*, *Lach.*, *Caust.*, etc., were tried, with no apparent effect; on the contrary, it became worse and worse all the time. When it reached me there was little doubt but that the previous diagnosis was correct; that the little redish, discolored spot on the cheek, which had commenced more than four months before, and now covered a surface of more than three-quarters of an inch in diameter, involving also some of the deeper tissues, was that terrible lupus.

Discouraged by the ill-success of the usual remedies, and as the disease seemed gradually but steadily extending, I regarded it as useless to continue them any longer, and resolved to try something else. About that time *Carbolic acid* was the great "*remedy*," and had been recommended in many cancerous affections; so, in want of something else, and as a last resort, I gave the patient *Carbolic acid* 2x dilution to be used, one drop three times each day, and ordered him to report every second day. The result was to me surprising, almost marvelous. The pains, which had begun to trouble him considerably, nearly all ceased the first week. The second week there was a radical change in its appearance. Its further extension gave evidence of its being stayed. The coming of the third week I watched with great interest, and it confirmed my best hopes. The diseased parts gradually lessened in size, and presented a much more normal appearance. During the fourth week the progress toward a cure was rapid and certain. The same treatment was then continued by my successor at the dispensary during the following month, and the patient was then discharged as cured. I saw him three months afterwards, and at that time there was not the slightest evidence of its reappearance. The reformed skin looked paler than the rest, with a slight cicatricial appearance at the point where the destruction was greatest.

At the celebrated clinics of Hebra, at Vienna, a large number of cases of lupus are always under treatment. His treatment is almost entirely local, and to me seemed barbarous. By means of sharp knives and other instruments he literally scrapes off, scale by scale, of the invaded tissues, or endeavors to destroy it with strong caustic applications. The pain this inhuman treatment causes is terrible to witness; and after seeing the poor wretches, with corks in their mouths to prevent grinding their teeth in pieces during their agonizing writhings, I related this case to him one day. He is usually quite willing to try anything that has any evidence of merit in it. He said that he had tried *Carbolic acid*, "lots of it;" but when I told him how it was used, he smiled incredulously, and jocosely expatiated on the folly of Homœopathy, which he never loses an opportunity to do.

ST. LOUIS, December, 1874.

JAMES A. CAMPBELL.

A HINT ABOUT MEDICAL PEDANTRY.

The question has often come up in my mind, whether it is absolutely necessary that we should so constantly be adding to our list of *words*. A physician, who was not without honor in his day, and who has for some years been retired from practice, told me that the medical literature of to-day was almost unintelligible to him. Every year increases our stock in this commodity, and we are almost convinced that the French diplomatist was correct who said, "Language is intended to conceal our thoughts." This last remark is suggested by the perusal of an article on Ophthalmology in a recent number of the *New England Medical Gazette*, in which the author is certainly utterly and completely unintelligible to the ordinary physician — yes, even to the extraordinary one, if he has not devoted much time to ophthalmic medicine. How often have we seen operations performed which seemed perfectly simple and easy of performance, but which we had been deterred from attempting by the formidable incomprehensibility of the directions given by its author? Once, certainly; perhaps oftener. It appears to be the desire of our brother ophthalmologists to deter others from investigating their field of labor by making what should be a plain statement — a sealed book to the uninitiated. After fifteen years of surgical practice we have come to this conclusion, and respectfully submit it for the consideration of our fellow workers: The *best* way is always the simplest: the *best* operation, the least complicated: the *best* description, the one told in the simplest language. J. G. G.

CHARACTERISTIC EYE CURES.

BY A. C. COWPERTHWAIT, M. D., NEBRASKA CITY.

J. C. C., aged fifty, called on me in April, 1869, to prescribe for a small dark speck on the cornea. It had been there for several years, and seemed to cause dimness of sight. Gave *Calc. carb.* 13,000 (F), one dose. The speck disappeared in a few weeks and has never returned.

July, 1870, Miss W., aged twenty-one, troubled with a burning sensation in the eyes in the evening, especially when trying to sew or read. The eyes feel as though they were strained. Probably arises from reading too much by artificial light. Gave *Ruta grav.* 82,000 (F), one dose, cured the case in a short time.

September, 1873, C. F. W., aged thirty-two, has been troubled with sore eyes for several months, which have resisted all treatment. The eyes are red and hot, with occasional stitches or stinging, obscuration of sight, mist before the eyes, lachrymation when looking sharp out of doors. *Sulph.* 1000 (F), three doses cured the case.

TO DESTROY NERVES IN TEETH.—Dr. Napier of London uses *Nitric acid* which he prefers to anything else.

" INCURABLE DISEASES CURABLE."

Which remedy cured the *Ithus* poisoning and ulceration of the cornea in the scrofulous ophthalmia, page 419, August number INVESTIGATOR, where *Sulphur*, *Sanguinaria*, and *Cal. Carb.* were used? I fail to see that to the *Sanguinaria* much credit is due, especially since we know that *Sulphur* will, has, and does cure such cases.

Visited lady patient, aged thirty-five years, with scrofulous ophthalmia, which has made its appearance every *eighth* year of her life in January or February, in a violent form, running quickly into ulceration of the cornea, and which had invariably run from two to four months under Allopathic treatment, rendering her nearly blind during its continuance. It always affected the left eye, which I found much inflamed and very painful, and on the outer edge of the cornea is a small ulcer of one or two days continuance.

Sulphur 30th, four doses at intervals of six hours were given, and in two days nearly every vestage of the disease was gone, and in six days entirely well.

J. A. WAKEMAN.

CENTRALIA, Ill.

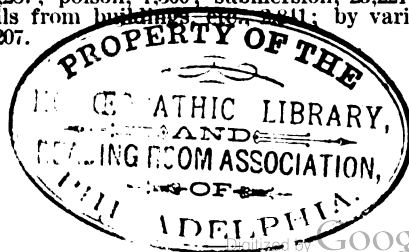
AN OPHTHALMIC TYPE AND PAPER.—Remembering the many eyes that would peruse this journal, we followed the advise of Dr. Woodyatt, oculist, and selected broad face type and tinted paper. The Ophthalmic Congress agreed that toned paper and full round type was healthiest for the eyes. We believe in healthy—doctors. Now don't glare your blood-shot eyes at us and say we did it.

Memorandum.—INVESTIGATOR good for sore eyes and—sore-heads.

FIG WARTS MALIGNANT.—The President of the Medical Society of London, states that he has noticed after the successive removal of warts from the anus and vagina that "the last growths are certainly of a malignant kind."

ATROPHY OF THE TESTES FROM IODIDE OF POTASSIUM.—The *Medical Press*, London, reports a case of a young man who had syphilis, *Mercury* and finally *Iodide of potassium* in large doses. Some months after his "right testis had disappeared without leaving a trace, and the left was reduced to the size of an almond. Erections were difficult, copulation painful, and there was no ejaculation." A valuable fact if true. What a host of mental symptoms that man must have had!

THE SUICIDE'S METHOD IN FRANCE.—Dr. Desaisne, in the *France* gives the following official list of the means employed by 71,207 individuals who committed suicide in France during the twenty-two years from 1836 to 1857: Strangulation, 24,536; fire-arms, 10,100; suffocation by charcoal fumes, 5,287; poison, 1,500; submersion, 23,221; knives, razors, etc., 2,871; falls from buildings, 2,211; by various other means, 454; total, 71,207.



Materia Medica Department.

HEART EFFECTS OF BENZOIC ACID AND BISMUTH.

BY E. M. HALE, M. D., CHICAGO.

Clinical Indications.—Inflammation and irritation of the heart, from rheumatic or gouty poisoning, or from disease of the kidneys, such as Bright's disease, and albuminurea after scarlatina, valvular diseases (constriction, etc.), and anguia pectoris. (?)

Motor Symptoms.—Wavy palpitation of the heart; palpitation of the heart while sitting; also after drinking. Palpitation of the heart with trembling. Awakens after midnight with violent pulsations of the heart and temporal arteries, without external heat. Awakens every morning about 2 o'clock from strong internal heat, and a hard, bounding, but not quickened, pulse. Intermittent pulse. Accelerated full pulse (primary). Pulse slow (secondary).

Sensory Symptoms.—Sensation of weakness in the præcordia. Pains in the region of the heart (stitching). The pains change their place frequently and suddenly, but are most constant in the region of the heart. They had previously been in the left arm, elbow, and right hand.

Concomitants.—Gouty and rheumatic pains and inflammation, principally in the small joints. Throbbing and hissing sounds in the ears synchronous with the beats of the heart. Urine containing an excess of uric acid and the urates. *Urine highly colored, very deep red*; no deposit, but covered with a filmy crust (of urates). Urine of very offensive odor. (The primary action of *Benzoic acid* on the urine is to change in the urine, chemically, the urates to hippuric acid, and to cause an intense acidity with high specific gravity.) Sediment consisting of phosphate and carbonate of lime.

Ameliorated.—When the urine becomes profuse and clear. When the swelling and pains reappear in the joints.

Aggravated.—At night, at 2 A. M., from the least draft of air. By the swelling and pains leaving the joints. When the urine becomes scanty and high colored (as above mentioned).

Auscultation.—No observations but presumably such as would occur in valvular constrictions.

Observations.—The characteristic symptom which indicates *Benzoic acid* (and the *Benzoates*) in all cases of heart disease, is the peculiar urine, such as no other drug causes.

The pathological indications are, the gouty or rheumatic diathesis, and the presence of poisonous matters in the blood, which are absorbed in the urine. It is one of our best remedies in irritations of the heart, which occur during organic diseases of the kidneys. Grauvogl believes

it "effects the nerves which determine the activity of the kidneys, and that its action on the urine is dynamic rather than chemical." He says "in all cardiac constrictions (stenous), hence in all valvular defects, we should especially remember this remedy—in fact, in all affections of the heart."

The low attenuations are to be preferred, according to experience. I have used with better success the *Benzoates of ammonia and potassa* in grain doses, than the acid.

BISMUTH.

Clinical Indications.—The indications given by Cl. Muller are not trustworthy, because he got them from cases of supposed poisoning by *Bismuth*. Now these cases are really cases of poisoning by *Arsenic* contained in impure *Bismuth*, as has been abundantly proved by recent experiments.

I do not believe *Bismuth* is Homœopathic to any disease of the heart, but only to those cases of disordered action altogether dependent on a *disordered stomach*. It may be capable of removing palpitation and oppression, when attendant on cardialgia, such as *Bismuth* cures, and not otherwise.

Concomitants.—The palpitation is always a concomitant of the pain and pressure in the stomach which occurs after eating.

SOME FRAGMENTARY PROVINGS OF *RHUS*, *TABACUM*, *VESPA*, *PLUMBUM*, *ASPARAGUS*, *MERC. SOL.*, AND *NUX MOSCHATA*.

BY E. W. BERRIDGE, M. D., LONDON, ENGLAND.

[The following practical items from our indefatigable drug explorer will prove of value to many of our readers. Let others also contribute to the common store as they have ability and opportunity.—ED.]

1. *RHUS TOX. EFFECTS.*—Mr. — took the first decimal, beginning with forty drops and increasing to sixty. Stiffness of both wrists and ankles; pain, stopped-up feeling and slight deafness in right internal ear; pulse at wrists increased in strength and visible.

Second Proving with tincture. First day, took ten drops. Second day, took twenty minims twice. Third day, forty minims, within an hour had the following symptoms: Tightness of right lower chest; dryness of back of mouth; much hawking of mucus; pain in right and left hypochondria; stiffness in region of stomach; pain in upper part of occiput and slight headache; dull headache across forehead. At 6 P. M. took sixty drops of tincture: A single pain like a needle pushed in at the infra-spinous fossa of right scapula; tingling sensation in right calf for five minutes; weakness in calves when walking; frontal headache better in open air; pain in right lower chest; general stiffness of legs and arms; stiffness at right elbow; short, hard, dry cough

with much sputa; hawking of mucus; pain in ball of left great toe; stiffness of legs when walking; tingling sensation in both legs and feet. Seventh day: Still some stiffness of legs and arms. At 3:30 P. M. took two drachms of tincture, arteries in right wrist enlarged and prominent, with strong pulsation and with stiffness of right arm; dull pain in right hypochondrium; headache in top of head and forehead; sharp pains in ball of left great toe, three or four times at intervals; general warm sweat over the whole body at night; sleepless; itching over abdomen, around privates, and on thighs; pain in posterior part of orbits; in right ear, partial deafness and pain; stiffness over whole body; severe pain across chest like a narrow cord across it, especially on right side. (compare proving of *Picric acid* in *New York Journal of Homœopathy*, Vol. II.); lancinating pain going inward in balls of both great toes, worse on putting foot to ground. Eighth day, twinges in antero-inner part of left knee. Ninth day, rheumatic pains in left knee and lower leg the whole day; headache in forehead and vertex: shooting pain from middle of right upper jaw to just below right ala nasi.

Third Proving.—First day, took one hour after dinner two drachms of tincture and another drachm in one hour more; stiffness in right knee and thigh on movement; stiffness in left knee, lower leg, and foot; general stiffness over whole body. Second day, in morning, stiffness in left hand, especially in ring and little fingers; on waking deafness in both ears, which soon went off; rheumatism in lower part of both legs; continued stiffness over whole body.

The above symptoms are all in the order of their appearance.

2. *TABACUM*.—*GIDDINESS*, ETC.—E. W. Berridge, M. D., took seventy-seven pilules of 1000 (Jenichen) between 10:50 A. M., and 11 P. M.; after sunset, indoors, fluttering in right ear, both heard and felt. (first day). Mr. — has giddiness in occiput whenever he smokes.

3. *VESPA CARBO*, COLD STOMACH, ETC.—The hornets were selected by Dr. J. R. Croker, at Malvern, Worcestershire. The stings were pulled out of the largest when alive, crushed with sugar of milk, and alcohol poured over them. Fincke's potencies are prepared from this original tincture which I sent to him.

Miss — took ten drops of 30th in water at 12:50 P. M. Directly had a cold feeling in stomach; in evening after coming indoors, also a weight there with nausea, and the coldness much increased; the coldness lasted all the time. Second day, coldness less; faint feeling and trembling all day, with nausea. Third day, same faintness and trembling. Fourth day, ditto; woke last night with pain in left neck preventing her from turning it to left side; felt least when lying on back, best on right side; lasted one hour and a half.

Miss — took same; low spirits, first and second day.

Mr. — took twenty drops of 30th at 2 P. M. 5:30 P. M., pain in left shoulder joint on moving it, as if sprained; worse on lifting the whole arm and on twisting it: subdued stitch-like pain deep in right ear for a few seconds. 8:30 P. M., feeling as if he had had nothing to eat all day. This is not usual, as he seldom cares about his supper.



4. **PLUMBUM. PARALYSIS. ETC.**—Symptoms in a painter, (second attack). January 2, 1866. About three weeks ago had cutting pains in chest and throat “as if scraped by a shell;” after eating he felt swollen out; soon afterwards, had pain in right shoulder and between shoulders; a few days ago great thirst; feeling of faintness relieved by food; often felt very faint in morning; tongue coated with a thin, moist, whitish-brown fur, clearing off towards tip and edges; a well-marked blue line round eyes; strong fœtor in breath; no stool since December 31st; feels very sore in umbilical region; rather thirsty; has the scraping feeling in throat now, “as if a shell were scraping it;” the pain comes and goes, lasting only about a minute, it makes him feel quite exhausted; conjunctiva slightly yellow. Soon recovered.

Miss — when a child swallowed some white lead. It caused paralysis of right leg, and right thigh always remained smaller than the other.

5. **ASPARAGUS, URINE.**—Mr. — tells me that always after eating asparagus his urine smells like cat’s urine.

6. **MURCRIUS SOLUBILIS, CHILL.**—Dr. J. R. Croker gave to a man and woman some *Merc.*, he thinks the 12th dilution. Soon afterwards both had cold shivering all over with chattering of teeth like ague, though they were near the equator.

7. **NUX MOSCHATA, COLIC.**—Mr. — took the tincture. First day took ten drops at 7 P. M. Second day, repeated the dose. In fifteen minutes after each dose, repeated shooting in abdomen about level of umbilicus, from right side to left. Fourth day, the same without repetition of dose. Afterwards, after further doses, painless diarrhœa all day.

HÆMORRHAGE FROM MUSK.

EDITOR U. S. MEDICAL INVESTIGATOR.—In the December number of the *Popular Science Monthly* is an article on odors, in which it is said that those who remove the musk bag from the animal are obliged to cover the nose and mouth very carefully in order to avoid violent hæmorrhage — of the lungs, I suppose. This is certainly an interesting fact, if fact it is; and indicates the value of musk by inhalation in pulmonary hæmorrhage.

H. P. GATCHELL.

IRIS irritates the whole alimentary canal; hence burning, serous diarrhœa, even rice-water from the epithelial exfoliation; cramps, purging and vomiting. Thus it corresponds to many of the summer diarrhœas. In cholera morbus or infantum coming at 2 or 3 A. M., it is far superior to *Veratrum*. It produces an inflammation of the pancreas. *Leptand.* acts more directly on the liver, causing black, pitch-like stools. Chronic cases of liver complaint, with a muddy, watery morning stool, find here an excellent remedy.—*E. A. Farrington* in *Journal of Materia Medica*.

Gynæcological Department.

PROGRESS OF GYNÆCOLOGY.

- I. A CASE OF NORMAL OVARIOTOMY WITH RECOVERY. By T. T. SABINE, M. D., of St. Luke's Hospital, New York.—(*New York Medical Journal, January, 1875.*)
- II. DISORDERS OF NUTRITION AND DISPLACEMENTS OF THE WOMB AND THEIR TREATMENT BY FARADIZATION. By Dr. A. TRIPLER, of Paris.—(*Archives of Electrology and Neurology, November, 1874.*)
- III. ERYSIPELAS AND CHILDBED FEVER. By THOMAS C. MINOR, M. D.; 8vo., pp. 131. Cincinnati: Robert Clarke & Co., 1874.

I. The patient, aged twenty-five, was seized eight years ago, in consequence of a cold bath while menstruating, with intense neuralgic pain in the left iliac fossa and limb, which lasted seven weeks. Then followed an excruciating dysmenorrhœa with neuralgic pain limited to the left ovary. Later, the menses ceased for three months; then the flow was accompanied by convulsions which could only be relieved by *Chloroform*. An operation was performed for the relief of the dysmenorrhœa, but without result; and another for the cure of vaginismus, but she was no better. She took *Morphine* in doses of from a grain to a grain and a half, but this soon failed to bring relief, and *Chloroform* or *Ether* by inhalation were required. Finally, when she was failing in health and strength, and very anxious for relief, a consultation was held and the removal of the ovary was decided upon.

The operation was successfully performed, as in ovariectomy, August 18th. The details thereof are very interesting: "The ovary was of natural size, and on section the stroma and capsule appeared normal. The very unusual opportunity was afforded of examining a corpus luteum, the exact age of which was known, immediately after the removal of the ovary from the living body. The patient had menstruated just three weeks prior to the operation, and the corpus luteum, examined by Dr. J. C. Dalton, answered perfectly to the description of the one represented in his work on 'Human Physiology,' page 566 of the fourth edition, excepting that it projected much more prominently from the surface of the ovary."

September 12th the patient was discharged, cured.

"September 29.—Patient was seen to-day. Can walk easily (the left leg had been semi-flexed, so that the foot could not be brought to the floor), and without limping, for a considerable distance. Has menstruated since leaving the hospital, with entire absence of ovarian or dysmenorrhœal pain.

II. This paper is one of the fruits of the theory that uterine deviations frequently depend upon disorders of nutrition. It seeks to remedy

those mechanical conditions of the uterine circulation which result in what the author calls a *conjunctive hyperplasia*. Faradization is the means with which he proposes to effect this result. His theories of the modus operandi of this agent are as opaque as usual among the writers on electricity, but the results claimed are more interesting: "The excitors, by means of which the application are made, are intended to be carried into the rectum, the bladder, the uterine cervix, or to the abdominal walls, or the loins."

"The *rectal* excitor consists of a metallic olive on an insulated mandrel of which the curve reproduces as nearly as possible the concavity of the sacrum."

"The *vesical* excitor is a strong probe of soft iron, covered with an insulating coating to within two and a half centimetres of the extremity, the free end being slightly bent."

"The *uterine* excitor consists of a mere slender probe, also insulated. It is best to have two: one straight, the other curved toward the extremity."

When the circuit is to be formed externally, buttons of carbon covered with moistened doeskin are used. *Recto-uterine* Faradization is designed more particularly for the relief of anteversions and anteversions: and *vesico-uterine* Faradization for retroversions and retroflexions. The treatment is begun five or six days after the menses have ceased, and is continued until the next period, being repeated in case of version without flexion, three times a week, and in case of simple flexion less often. Fever is a contra-indication. Pessaries and hypogastric belts should not be worn. There may be an increase of the leucorrhœal flow because of the greater facility of excretion. "This discharge may be mistaken for an increase of catarrh: but this is not the case, for after a few operations, when the organ has somewhat recovered, the flow diminishes considerably, without any special remedy being used to stop it."

III. This book is one of those which prove that a Doctor may quote figures for his purpose. Its deductions are based on the census reports of the year 1870, and are approximative at best. Indeed, the data derived from such sources, more especially with reference to such a disease as puerperal fever, are about as reliable as those of death from *teething* contained in the newspapers.

Dr. Minor gives the death-rate of erysipelas and childbed fever for a given period, within a certain locality, and then undertakes to prove their identity. But the mere fact that these diseases may have prevailed in the same neighborhood, and in the same house, does not prove them to have been one and the same disorder any more than the co-existence of erysipelas and small-pox, or diphtheria, makes them convertible. Lying-in women are not exempt from epidemic erysipelas, or from diseases caused by a vitiated atmosphere; and the fact that the puerperal state predisposes them to whatever may prevail does not prove that the epidemic is one of childbed fever.

A little reflection should satisfy the intelligent accoucheur that phlegmonous erysipelas, caused in a lying-in patient by external infection,

is almost certain to develop into a case of pelvic cellulitis. The history of this latter disease is so plain, and the differential diagnosis of it from puerperal fever is so readily made out, that there is no further excuse for confounding them.

In the report referred to Dr. Minor finds there were, in 1870, 3,162 deaths from erysipelas, and 1,828 fatal cases of puerperal fever. The greatest mortality of both diseases was in the month of March, although there was no general epidemic of either disease during the year.

CHICAGO.

R. LUDLAM.

Obstetrical Department.

MANAGEMENT OF PLURAL BIRTHS.

TWO CASES FOR THE DOCTORS TO EXPLAIN.

On Friday, the 3d inst., the wife of George Brown, a colored man, residing in this place, gave birth to a child. On the Sunday following, probably forty-eight hours after the occurrence narrated above, she gave birth to another. This is said to be one of the most remarkable cases on record, and a parallel for it has never been known in this region.

A still more singular occurrence is the fact that a lady residing in Ritchie county, aged eighty-three years, a few days ago became a mother. Her husband is seventy-seven years old. Her youngest child before the coming of the last one, had children married, and they had children. Surely the country is progressing.—*Weston (Va.) Democrat.*

In cases of plural births, the practitioner will sometimes find himself embarrassed as to the conduct of the labor after the birth of the first child, the majority of authorities advise interference. Denman and Ramsbotham advise waiting four hours, Collins two hours, and Churchill advises to rupture the bag of waters containing the second child a half an hour after the delivery of the first, and to proceed to turn after two hours. Our advice in such cases is to leave the case to nature if all is well, and there are no immediate indications for interference. In a case of triplets which we attended in May, 1870, a report of which may be found in the *American Homœopathic Observer*, Detroit, Vol. viii, p. 220. The pains ceased after the birth of the first child and did not come on for seven hours. I then ruptured the membranes and the second child was born, I then discovered the presence of the third child, and twenty minutes afterward in the third pains I ruptured the third bag of waters, when the third child was born. In this case the first child was a male with a head presentation; the second child a female with a footing presentation; the third child a male with the breach presenting. All three children were born alive and weighed

altogether *eighteen pounds. The mother had an enormously distended abdomen from the pressure of an unusual amount of water, so that the presence of a plural pregnancy was diagnosed. The mother made a good recovery and the triplets did well for a year, when they all took hooping-cough, and the two males died at the age of thirteen months within twenty-six hours of each other, the female child recovered from the hooping-cough and is still living, being a well developed child. We have heard of twins in which five days intervened between the birth of the first and second child. Dr. Denman's advice* "upon the management of labors with two or more children," is replete with more sound, practical, good sense, than we have found in any other more modern obstetrical writer.

The second case is one of not unusual occurrence.

ST. LOUIS.

T. G. COMSTOCK.

"IS SEX DETERMINED BY NUTRITION?"

I say *no*, certainly not in all cases. I have in mind several cases with which I am familiar, where the mother ate bountifully of good wholesome food in great variety during gestation, when the sequence developed boys—I think it is no guide. If I were to give any rule that should be a guide in advance, I should mention one that has held good in regard to horses and cows, and is relied upon by some stock raisers, viz: Impregnation taking place early in the "heat" will be followed by female young, and per contra, conception late in the heat, by males.

I have been able to prove the rule good among human beings in all cases where I could ascertain the facts, and most of the illegitimate children (when conception took place after it was supposed to be safe,) are males. I suppose there are exceptions to every rule.

E. P. SCALES.

HOUR-GLASS CONTRACTION—SECALE.

I was called to see Mrs. A—, thin, spare. Had been delivered of her first child about two hours before my arrival. After-birth had not been expelled, cord had been cut, tied, and safely secured to knee of young mother, "to prevent its going back," so the mid-wife told me. Found a firm *hour-glass contraction*.

An old school experience with *Ergot* had convinced me that hour-glass contraction was extremely apt to follow its administration. Why would *Secale* not relieve such a condition? One dose 200th, was given, within fifteen minutes the placenta was nicely delivered. I am inclined to believe an *hour-glass contraction* to be characteristic of the drug. Will others give their experience in this line. Yours, etc.,

UNION SPRING, N. Y.

O. W. SMITH.

*Introduction to the Practice of Mid-Wifery, by Thomas Denman, Sixth Edition, London, 1824, p. 140.

OIL PREVENTING HÆMORRHAGE.

An experienced mother assures us that a free use of oil, (olivæ,) for six weeks before labor will prevent flooding. A good idea, if no more than a plump baby is the result. The idea is readily explained on physiological grounds. Oil increases the white blood, which increases the fibrine. Blood with much fibrine coagulates readily, and hæmorrhage is impossible.

T. C. D.

Pædological Department.

HORLICKS' FOOD.

A NEW FOOD FOR CHILDREN.

What is that? Horlicks' Food looks like broken molasses candy, and tastes like it, with a mixture of wheat gum. It is made by mixing malt with wheat flour, and bringing it up to a temperature that changes the starch into dextrin, or in other words, it partially digests it, so that a weak stomach or no stomach at all can digest it.

The object of Horlicks' Patent Concentrated Extract is, to bring the invention of Baron Liebig within the reach of all in a cheap and portable form. It is well known that children until they have their teeth cannot digest farinaceous food.

The above extract is so prepared that the vegetable diastase of the malt completely transforms the flour into dextrine and grape sugar. It is manufacutred from wheat flour, malt, wheat bran, and the bicarbonate of potash, mixed with water, brought to a certain temperature, filtered, and the liquid carefully evaporated to a dry extract, which is powdered and put in bottles for use. One tablespoonful dissolved in a quarter of a pint of warm water added to a quarter of a pint of cow's milk, makes sufficient for a feeding-bottle full for an infant over six months old, and one bottle is sufficient for eight or nine days.

It is also acknowledged a good food for dyspeptics and invalids.

Analysis proves it to be composed of the following ingredients:

Grape Sugar, - - - - -	27.07 per cent.
Dextrin, - - - - -	9.59 "
Bicarbonate of Potash, - - - - -	1.82 "
Soluble Phosphoric Acid, 0.41 per cent., equal to Sol- uble Phosphate of Lime, - - - - -	0.79 "
Nitrogen, - - - - -	2.56 "
Insoluble fixed residue, - - - - -	0.32 "

It does not contain any starch, showing that the decomposition of the

flour into soluble grape sugar and dextrin has been completely effected. It is also free from caramel—a proof of the care and attention paid to the evaporation of the extract.

For vomiting children, it has been found at the Foundlings' Home to agree better than anything else.

T. C. D.

SAVE THE BABIES.

DEAR DR. DUNCAN.—Oh, for a work on diseases of children, their hygienic and medical treatment! In nothing is our Homœopathic literature so weak. Prof. Gurnsey's book is way behind the times. The children don't always "have to be carried," nor yet do they cry very often from the "downward motion" of the cradle. In studying his indications, I always think of the French savan, to whose pet theories the facts did not correspond. "Ah, well," said he, to an unbeliever, "so much the worse for the facts." What diet to prescribe for nursing, weaning, teething children during the hot season is the young physicians' bug-bear. I have got more valuable hints from your article on Acid vs. Alkaline Children, and other papers, than from any work extant.

Saving the babies is the entering wedge for a large and successful practice, and you will pardon me the remark, I know, when I say that I know of no person more qualified to fill this lough empty and deplorable niche in our Homœopathic literature than yourself.

Yours truly,

W. F. SHEPARD.

POST-PNEUMONIA DEBILITY.

Will you please favor me by giving me your advice in the following case: About two months ago, I was called to see a little girl, aged three years, suffering from pneumonia. Notwithstanding the remedies used, she continued to get worse. On the sixth day her chest, abdomen, and extremities were swollen, and from the dyspnoea and frothy expectoration, I gave *Tart. em.*, under which she improved until about the twelfth day. Since, she has not apparently improved or retrograded, being scarcely able during the time to walk across the house.

She now complains of no pain in the chest; she has loose cough with but little expectoration of a whitish color; shortness of breath; drinks often but little at a time; sleeps a good part of the time, but gets her breath hard while sleeping; appetite good; alvine discharges normal; urine high colored. I cannot give pathological condition, but can detect no abnormal sounds in the chest. At present I am giving *Sulph. 3x*. From the few symptoms that I have given, can you suggest some remedy that may relieve my patient? Yours truly, H. L. P.

[*Arsenicum* is the remedy. Marked debility is a peculiarity this year.]

THE INSTINCT OF A CHILD SHOULD BE REGARDED.

The fact that the world moves, and that our old-school neighbors are coming over with it, is illustrated in the closing paragraph of an excellent paper on the Continued Fever of Children, written by Dr. G. G. Tyrell, and published in the September number of the *Pacific Medical and Surgical Journal*:

"I have tried the *Quinine* treatment in the earlier stages of this disease without seeing any benefit from it whatever; in fact I am convinced, that the irritability of the stomach which it engenders and the dislike of all medicine which it produces in the mind of the child, deprive it of any beneficial effect which otherwise it might be thought to produce; and indeed any medicine which you have to put down a child's throat "*nolens volens*" had, in my judgment, much better be laid aside, the struggle for victory exhausting the child much more than the drug can benefit it. Besides *Quinine*, or any other medicine, has really no power to lessen the duration of the fever, it will run its course do what we will. The prudent physician will then be content to wait and watch, to see that his hygienic rules and sanatory orders are properly carried out, should complications occur, to guide them with educated skill and all practicable speed to a happy termination, and the reward will be the restoration of the loved one to health and happiness."

Our Charitable Institutions.

THE CHICAGO FOUNDLINGS' HOME.

We design to give a brief sketch of the various institutions under Homœopathic control, and, so far as possible, give our readers an accurate view of them.

We are of the opinion that the true value of these institutions is not properly appreciated. Work that is done in a quiet way seems to be overlooked. Humanity appreciates, it would seem, only great things and great deeds. But with the progress of science and our benign system of medicine, we look forward to the time when the little things, silent forces and unobtrusive influences, will receive the attention their great importance merits. Constant droppings wear the stone; persistent friction polishes the diamond. Unostentatious charity grows in public esteem. The quiet charity done by the medical profession is simply immense. We believe it is no exaggeration to say it will average \$1,000 each year for each physician. Not only do they do this much in a quiet way, but they are, as a rule, foremost in every public charitable movement. They are best acquainted with human suffering, and it is not at all strange that they are ever ready to devise remedies for the relief of its many phases.



CHICAGO FOUNDLINGS' HOME.

One of the most noble charities of which we have knowledge is the Chicago Foundlings' Home, to which we referred in our last issue, on page 61. How it came to be established, we will let the founder, Dr. Geo. E. Shipman, state in his own words:

"Several years ago I was called to Mr. Pinkerton's Police Office to see a child a few days old, who had been exposed the night before—and it was a bitter cold night—on one of our wharves, stark naked. It could not have lain there long, of course, but as it was the child's limbs were frozen, and in a few days death kindly took it where it was more thought of. I said to myself; 'It is a shame on our Christianity that there is no place for such unfortunates. If there were, the sin of infanticide, at least, might be avoided.' But I left the shame for others to bear. I had a large family of my own, was struggling with adversity, and did not see how I could assume any new burden. But though I plucked out the arrow and threw it at my neighbors, the barb was left behind, and ever and anon made known its presence. I generally quieted the pangs, after awhile, by abusing my neighbors' indifference, and refused to do what seemed more and more like a duty for *me* to do, till January, 1871. At the beginning of the year, one is very apt to look back upon the past year, and see what he has done, and what left

undone. In doing so, at this time, I could not but see how often this duty had been pressed upon me, and now I saw, as I did not see before, that it was not an impossibility to do it, for, if God bade me do the work, He would find the ways and means. About this time I mentioned, incidentally, to a patient whom I was visiting, of what I had been so long time thinking, and she replied, with great animation, 'Good for you! I have been thinking of the same thing, and I will give you \$100 the very day you open the door of the Home.' 'The voice of God!' I said to myself; and while I was brooding over these things, it seemed as if the Master himself came to me, yet hesitating, and said: 'I died for you, can you not do this for me?' I was brought to that pass where I must do his bidding, at whatever cost, or utterly deny and reject Him, who loved me and gave himself for me."

He thought to open a small place and receive the waifs picked up by the police, but it was soon published that a home for foundlings had been opened and the little house selected was shortly full to overflow. With firm trust in the bank of Heaven, Dr. S. removed to a larger house and prepared to care for all the foundlings of Chicago. It soon became evident to all that no common building was adapted for foundlings, and he began to make plans for the present home, with faith that the Lord in some way would furnish the means. So it has been, and from one source and another the necessary money has come, so that the Chicago Foundlings' Home is nearly as complete as the above illustration shows, and has been occupied since May, 1874.

It is one of the best constructed fire-proof buildings in Chicago. Foundlings need small, warm, well-lighted, and well-ventilated rooms. The rooms for the babies are all on the east, south, and west sides, the sick children having the lightest rooms. The building is heated by steam, with radiators in front of the windows. Openings in the wall are arranged for the admission of pure air which comes in direct contact with the radiators. The foul air escapes by flues under the floors to the main central shaft, in which is also the smoke stack. The walls are painted and the finishings and floors are of hard wood, oiled. The floors are waxed. Contagion is guarded against in every possible way. Take it all in all, it is most complete and very convenient and homelike in all of its appointments.

This institution has, since its establishment four years ago, cared for over a thousand foundlings. A large number have been given away, and now bless many Christian homes. Strange to say that among all those children no contagious disease has visited this institution, if we except one case of hooping-cough and one of roseola. The chief disorders met with in foundlings are those arising from mal-assimilation. This is not strange when we consider the life of many of these poor unfortunates before they reach the Home. Starved, drugged, frightened, chilled, what wonder that many die! During the recent cold weather several infants were found on the porch partially frozen—these rarely survive. In the early history of the Home it was very distressing to see so many die, but after many necropsies, the fact was recognized that many of these cases were immature as well as prema-

ture and lacked vitality. This lack gives an acidity of system that renders the digestion and assimilation of food quite impossible. The mortality is now very much lessened.

This Home has been a grand field for medical observations, and the facts here obtained have been and will be given to the profession, from time to time, as the physicians in attendance deem them of value.

An interesting course of lectures are given each winter, illustrating a great variety of infant peculiarities, diseases and treatment, hygienic management, etc.

There is now in the Home about sixty babies and thirty nurses and attendants, and the Lord supplies the daily needs of this large family. Those who would like to know more of this noble institution should send for the *Foundlings' Record*—an interesting paper published monthly.

The Chicago Foundlings' Home is a monument to Christian faith, an honor to the medical profession, and a great blessing to humanity.

C.

Book Department.

TEXT BOOK OF MODERN MEDICINE AND SURGERY ON HOMŒOPATHIC PRINCIPLES.—By E. H. RUDDOCK, M. D., London. For sale by all Pharmacists; 8vo., pp. 1029; \$8.00.

This work is really an enlarged edition of the *Vade-Mecum* by the same author, noticed some time ago. It is, however, arranged on the plan of English Text-books after the Nomenclature of Diseases of the Royal College of Physicians.

Dr. Ruddock is one of the most indefatigable writers in our ranks and is doing what he can to redeem the cause from the apathy which seems to hang over it in England. This is really the first and only general work on practice published over there under Homœopathic auspices. The question might arise, why the necessity for such a work to grow up through the domestic field? The answer is plain. English physicians are very conservative, and like all conservatives, move only when they are moved by the pressure of circumstances. Hence the scarcity of those who have "come out" boldly for Homœopathy. But there is a mighty under-current being created by the popular works (books and cases,) that is sooner or later to upheave the whole Kingdom. The trembling and outcropping is already manifest in the old-school ranks. In England, as in America, the best medical missionaries are domestic cases and books. Our hope and security lies in the education of the

people. Having had such a history, we can understand why the work appears strong where our standard works on practice seem weak and *vice versa*. The hygienic part fills up a blank that will make the work acceptable to the profession. The young practitioner will especially prize it. The clinical directory is exceedingly practical.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE.—For the use of Physicians and Students. By JAMES TYSON, M. D., Lecturer on Pathological Anatomy in the University of Pennsylvania, etc., etc. With a plate and numerous illustrations. Philadelphia: Lindsay & Blakiston; 1875; pp. 182; \$1.50.

A plain, practical work, on examination of the urine is just what has long been needed, and such is the one before us.

THE CENSUS REPORTS FOR 1870.—For this valuable set of volumes **THE INVESTIGATOR** is indebted to Hon. C. B. Farwell, M. C., of Chicago. The Ninth Census Reports far exceed in interest any other. The three partly volumes (population, wealth and vital statistics) show an immense amount of labor in their preparation, and are invaluable. Dr. Gatchell, who has given vital statistics in reference to climate which required much study, promises us some interesting communications based on these volumes.

THE CATALOGUES OF THE WAR DEPARTMENT MEDICAL LIBRARY AND CIRCULARS have reached us. These show that our surgeons are alive to the importance of a medical library which shall contain all the American publications, and, if possible, every medical work. We need just such a national reference library. The circulars are valuable contributions to medical literature. Every physician should possess them.

THE TRANSACTIONS OF THE NEW YORK STATE SOCIETY, for 1873 and 1874, is a volume of value. It makes about five hundred pages and contains many practical papers. Every New York physician should possess a copy—and everybody else who can. The secretary, Dr. Vincent, of Troy, N. Y., has it in charge and has done his work well.

THE CATALOGUES OF MEDICAL PUBLISHERS.—We would advise our readers to send to each of the various medical publishers for their catalogues for 1875. There may be some work you need among them. We will take your orders and get any book you want.

THE INTERNATIONAL SCIENTIFIC SERIES grow more valuable with each succeeding volume. Twelve are now issued, many of these are of deep interest to medical men. Send to D. Appleton & Co., New York, for a catalogue.

VICK'S FLORAL GUIDE needs no commendations, it will commend itself to every lover of flowers (including our readers of course). Send twenty-five cents to J. Vick, Rochester, N. Y., for his Guide for 1875.

TIMES OF REFRESHING; or Records of Christian Life and Christian Testimony, is an interesting monthly, published at the Consumptives' Home, by Dr. Chas. Cullis, Boston.

Medical News.

Pettet and his **Virus** are both reliable.

Horlick's Food is a splendid thing, and will be in good demand when better known.

C. Lippe, M. D., has removed from 233 Lexington avenue, to 106 East Fifteenth street, New York.

W. C. F. Hempstead, M. D., has gone to California, (Marysville,) for his health with good prospect of recovery.

Appleby, of Buffalo, we can vouch for. C. S. Halsey trained him up in the pharmaceutical way he should go, and he has not departed from it.

Editorials Exeunt.—"Are we to lose the crisp editorials that we always read with a relish?" No, if you look around sharp you may still detect some editors' tracks.

The Detroit College is going on much better than ever before. We have several *gilt-edge* men on the faculty. We now have seventy-one students who average well. Yours Truly, E. R. ELLIS.

Dr. Hoynes's Directory.—A new edition is in course of preparation. Every Illinoisan should be sure his name is there. If Dr. H. gets proper encouragement he will add Iowa also to this edition. Send the names at once.

Thos. M. Dillingham, M. D., has been taken by James B. Bell, M. D., of Augusta, Me., as partner. Dr. B. has a large and fine practice, but does not propose to be overworked. He will now have time to contribute something practical for us.

The New England Medical Gazette has a new change of editors. Drs. W. Wessellhoeft and C. G. Brooks assume the management, and steam up lively. An editorial of six pages is almost too much of a dose. Try "the other side"—small doses. Drs. W. and B. ought to make a good journal.

Too Busy vs. Apathy.—The *New England Medical Gazette* complains of the New England physicians being so apathetic that they won't write. That's an error in diagnosis we are sure. Our experience proves that they are so busy they cannot get time to contribute. It takes an old school trial to call them out.

The little delay incident to a change of printers, etc., we hope our readers will excuse. We will be all right and on time very soon. When two large, deep-flowing streams unite, there is a temporary retardation of both; but this is soon followed by a greatly-increased current. Whether we shall reach a weekly issue, time alone can tell.

Medical Matter Per Pound.—Since the postage on periodicals is to be prepaid by the pound, the drift will be towards small type and light paper. This we anticipated and selected a very large-face brier type, which gives us about one-fourth more matter on a page than the old *INVESTIGATOR* contained, or in other words, we can give the same matter in some forty pages. This and the thin paper makes the journal look lean, but it will be seen by the contents that it is as full-blooded and as fat as ever.

Early Medical Schools.—The Universities of Tubingen and Leipzig had originally (in the fifteenth century) only two Professors of Medicine. The salary of one of those at Tubingen was twenty-four dollars, and of the other only forty. The oldest medical school of Europe was the school of Salerno, which had already attained a reputation in the eleventh century. [Think of that, ye discontented Professors and students, and be thankful.]

Dr. J. Goucher, of Ravenna, Ohio, has a lively time we should judge from newspaper reports. He cures cancer contrary to the popular belief. Doctor tell us how you do it? If those "inside medicines" or any part of the treatment is secret, draw on us to any amount, only make a clean breast of it for the "good of the profession," you know.

Query.—Is this smoke of popular opposition to the doctor, designed to stimulate the faith of the poor cancer victim and thus ensure the cure?

Let us Hear from You as promptly as possible. We are anxious to know just how many copies to print. We do not want to lose a single reader, nor a single number, and we want to get as many new subscribers as possible. Help us all you can, and we will give you a better journal for it. If you know of any one who might subscribe, and whom you can not get, send us the name, please. We are getting a large number of cautious "three-months men." Six numbers for \$1.00 is a tempting offer; so is twenty-four numbers, or 1,200 pages, for \$5.00. Get them to take it "on trial," and we will risk the verdict.

Homœopathy in St. Louis.—Since November we have been engaged in a bitter fight with the Board of Health of this city, in reference to the appointment of a day in the week for our students to visit the City Hospital, with a professor of our school, a right *previously* given us, but subsequently denied by the *present* Board of Health. We have forced them to give us a day, and they have given us four. We now intend applying for a portion of the City Hospital for Homœopathic treatment, and I have no doubt we will get it for our students next year. We have enough friends and influence in the Council to give us at least one-third of it, so you see we are working.

Yours fraternally,

E. C. FRANKLIN.

Hahnemann Medical College and Hospital.—The Annual Mid-Term Supper was given to the students of Hahnemann Medical College by the Faculty, at the Woodruff House, on the 10th of December. Impromptu toasts were responded to by Drs. Danforth, Ludlam, Welch, and other members of the Faculty, and a very enjoyable evening spent. The college is in good condition financially. A considerable sum has been expended in improvements and illustrations, and the income is this year sufficient to afford compensation to its Professors. The college has also contributed more than \$1,000 toward the support of the hospital. I trust you will make the combined journals A. 1.

CHICAGO.

J. S. MITCHELL, Dean.

Permanent Success.—It may interest our readers to know that this journal is no temporary venture. We mean business. We have purchased several hundred pounds of type, and other printing material and have the work done in our office under our own supervision. Our type is new and very clear, it has a large face (big head and little body) and is especially adapted to our needs. Our paper is the best of the kind, and is manufactured expressly for our use. We have everything arranged for our convenience, and for the rapid and regular supply of the UNITED STATES MEDICAL INVESTIGATOR to its readers. The undertaking is somewhat hazardous, (in the eyes of many,) but we have strong faith that the profession will sustain this combined journal. They certainly will if they can say "for value received." The constant stream of substantial letters, now being received, is the verdict we expected. God bless our noble profession.

Society Announcements.

The Chicago Academy of Homœopathic Physicians and Surgeons meets every alternate Thursday evening, in the Tremont House.

The New York County Homœopathic Medical Society meets the second Wednesday evening of the month, in the Ophthalmic Hospital.

The Philadelphia Homœopathic Medical Society meets the second Thursday evening of the month, at the college.

The Michigan Homœopathic Medical Society meets in semi-annual session January 26th and 27th, at Lansing. A full attendance is desired.

Medical Society Mistakes.—The smaller medical societies commit two errors: First, in trying to ape the larger societies by lengthy and exhaustive essays, in giving too much attention to complicated medical machinery, and in spending their money and hampering the society over the publishing of the proceedings. Second, in overlooking and suppressing careful local experience and observation. A better plan would be to select a prevailing disease, or two, and treatment, and all would come prepared to talk on the subject in a friendly, social and practical way. Then, if only a few members were present, which is usually the case, a profitable time would be had. These discussions would not only benefit all present, but if carefully reported, as they ought to be, with explanations of local surroundings, would be esteemed of value by the profession everywhere.

New York Society Experience.—At our semi-annual meeting we had a very enjoyable occasion, about eighty physicians in attendance, and hearty good feeling prevailed. Our Society, with a debt one year ago of \$468, is now free from all indebtedness. This removes a great source of dissatisfaction that has existed in the minds of some physicians, causing them to withdraw their support and sympathy; but everything promises well for the future. We issue a small but readable volume of transactions, and shall labor to make the February meeting the great culminating effort of scientific labor and FRATERNAL HARMONY, for which we have worked incessantly the past two years. Can't you arrange your work so as to attend our February meeting? You can announce the distribution of Volume I, New Series of the Transactions of the State Society, the middle or last of January. The volume is completed save the index and binding, which is being pushed forward as fast as possible. Inform physicians who have not subscribed to do so at once, that they may receive the volume promptly with the first distribution. Yours truly,
FRANK L. VINCENT.

Meeting of the Homœopathic Medical Society of Michigan.—The Fifth Semi-Annual meeting of the above society will be held in the city of Lansing, in the Common Council rooms, on the Fourth Tuesday and Wednesday (26th and 27th) of January, 1875, and will be called to order at 2 o'clock P. M. of the first day. The President, at the last annual meeting, announced the following subjects to be reported upon at this meeting by the subjoined members:

Chemical Examination of Urine—Dr. W. J. Calvert.

The Microscope—Dr. Robert King.

Diseases of the Ovaries—Dr. I. N. Eldridge.

Aural Surgery—Dr. A. J. Sawyer.

Medical Uses of Electricity—Drs. E. B. Graham and Robert King.

Office Methods—Dr. R. T. Speakman.

Review of Leadam on Diseases of Women—Dr. J. Devere.

Grauvogl's Text Book of Homeopathy—Dr. F. Woodruff.

Report on Cases of Extra Uterine Fœtation—Dr. T. W. Robertson.

Uterine Diseases—Dr. Fannie E. White.

Climate in Relation to Health—Dr. L. M. Jones.

Cheesy Pneumonia—Dr. S. A. Peterman.

Uses of Milk in Disease—Dr. A. A. Bancroft.

Alcohol in Disease—Dr. W. D. Clarke.

Ventilation—Dr. J. H. Wattles.

Uses of Water in the Treatment of Dyspepsia—Dr. J. M. Long.

It is earnestly desired that every member of the foregoing committees will be present and have ready their reports.

Many other subjects of interest to the Homœopathic profession in this State will be brought before the society for discussion and action.

ROBT. KING, M. D.,
President, Kalamazoo.

I. N. ELDRIDGE, M. D., *Gen. Sec'y.*
FLINT, January 5, 1875.

New York State Homœopathic Medical Society.—The twenty-fourth annual meeting of the Homœopathic Medical Society of the State of New York, will be held in the Common Council Chamber, at Albany, Tuesday and Wednesday, February 9th and 10th, 1875.

The Annual address will be delivered by Wm. Tod Helmuth, M. D., of New York City.

This meeting will be of more than usual interest to the Homœopathic physicians of the state. It is, therefore, desirable that every county society be fully represented by delegates, that in all matters pertaining to the welfare of Homœopathy in the state, the best interests of every local society may be considered.

The Chiefs of the several Bureaux desire to make full reports, and will receive all papers prepared by physicians resident of the state, or honorary members of the State Society, and will duly arrange all material thus furnished, and present it to the Society for consideration.

An effort will be made at this meeting to give each Bureau of Medicine sufficient time to report, so that full and equal justice may be secured to each department of medicine.

OFFICERS.

President.—L. M. Kenyon, M. D., Buffalo.

Vice Presidents.—A. E. Sumner, M. D., Brooklyn; S. C. Knickerbocker, M. D., Watertown; Henry Sayles, M. D., Elmira.

Corresponding Secretary.—L. M. Pratt, M. D., Columbia street, Albany.

Recording Secretary.—Frank L. Vincent, M. D., 17 Second street, Troy.

CHAIRMEN OF BUREAUX.

Materia Medica—T. F. Allen, M. D., 3 East Thirty-third street, New York.

Clinical Medicine—H. V. Miller, M. D., Syracuse.

Mental and Nervous Diseases—H. R. Stiles, M. D., Middletown.

Ophthalmology—Geo. S. Norton, M. D., Ophthalmic Hospital, New York.

Surgery—Wm. M. L. Fiske, M. D., 1 Bedford avenue, Brooklyn.

Obstetrics—T. C. White, M. D., Rochester.

Gynæcology—Wm. N. Guernsey, M. D., 18 West Twenty-third street, New York.

Pædology—T. L. Brown, M. D., Binghamton.

Histology—S. A. Jones, M. D., 230 West Twenty-fifth street, New York.

Climatology—L. B. Waldo, M. D., Lansingburgh.

Vital Statistics—E. M. Kellogg, M. D., 231 Broadway, New York.

Vaccination—M. F. Sweeting, M. D., South Butler, Wayne county.

Medical Education—John F. Gray, M. D., Fifth Avenue Hotel, New York.

Statistics of Medical Societies and Institutions—H. M. Paine, M. D., 105 State street, Albany.

Our Prospectus.—For the benefit of those who have not seen our bill of fare, we reproduce our interesting prospectus.

THE UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[A consolidation of the *United States Medical and Surgical Journal* (Quarterly, \$4), Vol. IX, with the *MEDICAL INVESTIGATOR* (Monthly, \$3), Vol. XII, commencing January 1, 1875.]

Two volumes a year — about 1,200 pages. Terms : \$5 per annum in advance.

T. C. DUNCAN, M.D., MANAGING EDITOR.

This Prospectus for 1875 is the most remarkable one we ever presented to our readers or the profession. Never before in the history of Homœopathy were two such able and influential medical journals consolidated for the good of the cause. We hope now to combine the solid character of the *United States Medical and Surgical Journal* with the energy and variety of THE *MEDICAL INVESTIGATOR*. The united efforts of their colaborators, and the addition of others, will make this a splendid periodical; while the semi-monthly issue will ensure a greater variety and a more practical character than could otherwise be obtained.

Some few changes and many improvements we hope will be made. The departments will be continued giving, however, most prominence to those most practical.

Practice or Therapeutics is the most important of all the departments of medicine, and the one most difficult to faithfully present in the journals. Therefore "reports from the field" will be given great prominence. New facts, short, practical cases, cases for prescription, available hints, etc., will be given. Our many readers and therapeutic correspondents will no doubt make this department exceedingly practical. These reports should include: 1st. The symptoms of the diseases prevailing; 2d, the indicated symptoms of the remedies that cured, and the attenuation and the frequency prescribed; and 3d, the comparison of disease and remedy indicated one year with those of other years, e.g.: This Fall the pneumonias call chiefly for *Phos.*, last Spring it was *Bry.*, last Fall *Tart.*, and the year before *Nux.* We should know these available facts, and in time we may know the why. Our frequent issue will enable us to give these practical observations very rapidly.

Materia Medica is the bulwark of our system, and we shall continue to give it special attention. Practical remedy facts, characteristics, studies, illustrations, genius of remedies, will be given. Drs. Fellows, Hering, Dunham, Hoyne, Hills, Hale, Dake, Burt, Lippe, Shipman and others, promise to make this department of our journal especially valuable.

Surgery in our school excels in its conservative and curative character. The latest and most practical facts, operative and medicinal, will be gleaned and here presented. Such an able corps as Surgeons Gilchrist, of Pa., Adams, of Chicago, Willard, of Alleghany City, A. G. Beebe, of Chicago, J. B. Bell, Maine, Danforth, of Chicago, Ellis, of Detroit, Morgan, of Phil., Payne, of Boston, Pease, of San Francisco, G. D. Beebe, of Chicago, and others, ought to make this department of special interest.

The Obstetrical complications, anomalies, difficulties, discoveries and new facts will be presented constantly. Drs. Comstock, Guernsey and others will enrich it with their experience. Any questions that may be sent we will get answered to mutual advantage. The merits of the different forceps will be shown. The value of our remedies in midwifery will form an essential feature.

Gynecology has grown to be an important branch. It was a special feature in the *United States Medical and Surgical Journal*. Under the supervision of Dr. R. Ludlam, and with the assistance of our readers it will be a most practical department.

Pædology, or diseases of infants and children, is not receiving the attention its importance merits. We shall not forget that one-third of our patients are children, and the latest facts and practical experience will be welcomed and duly presented. Observations in the Chicago Foundlings' Home, Half Orphan Asylum, Home for the Friendless, and other children's institutions in this country and Europe will be given.

Psychology, or mental disease, has assumed the importance of a separate medical department. Homœopathy has shown its great value here, and we expect from our new Insane Asylums, and other sources, many valuable practical facts. Dr. Foote will answer with pleasure, through our columns, any questions that may be met with by our readers.

Physiology is developing wonderfully. The latest facts with their practical significance will be given our readers. Dr. Gatchell will continue to contribute from his profound physiological storehouse.

Pathology is supposed to be ignored by our school, but we shall continue to give it due prominence. New pathological facts, and especially the pathology of our remedies will be sought for. Dr. B. H. Cheney, and other able pathologists as medicine affords, will give this department special attention.

Ophthalmology and Otology is ably represented in our school. Dr. W. H. Woodyatt and others will make this department of special interest. Any practical facts will be welcome.

Anatomy has grown into practical importance in two directions: 1st, developmental and exterior; 2d, minute, microscopic or histological. The wants of the practitioners will be consulted here.

Pharmacology and Chemistry are of practical value to our readers. We shall give some valuable information concerning the origin, preparation, composition, provings, etc., of our chief remedies. Chemistry has a wide bearing on medical questions which shall be duly illustrated.

Sanitary Science, the point of practical contact between the profession and the people, is just now receiving special attention. The "old school" assume superior wisdom and prerogatives on this subject of preventive medicine. Homœopaths have the reputation of being hygienists. This should be maintained. Public hygiene, as well as private, will therefore receive much importance. Practical facts from our health boards and others should be given in these pages and to the people.

Etiology will soon be recognized as a distinct science. It has a practical bearing and should receive more attention. Facts, observations, etc., will be welcome and presented. Dr. O. P. Baer will continue in charge of this department.

Jurisprudence, or the legal phases of medicine, will be made interesting by

valuable medico-legal articles, facts, etc., from Dr. J. R. Kippax, LL.B., and others.

We propose that no fact of practical importance shall be overlooked. We aim to keep all our readers abreast of the times in all the departments of medicine.

From our correspondents and readers in various parts of the country and the world we expect to present all the news of medical interest possible. The progress of Homœopathy "round the world" will be duly chronicled. From Madam Hahnemann we expect something interesting. From Europe, Asia and the Isles of the Sea we are opening communication. Dr. Cummings, of Honolulu, has sent a valuable report on the cure of leprosy by Homœopathic remedies.

From the following ex-editors we expect counsel, and some of them promise active assistance: Constantine Hering, M.D., Philadelphia; G. E. Shipman, M.D., Chicago; J. H. Pulte, M.D., Cincinnati; A. Lippe, M.D., Philadelphia; S. R. Kirby, M.D., New York; D. S. Smith, M.D., Chicago; J. S. Douglas, M.D., Milwaukee; S. P. Walker, M.D., St. Louis; C. H. Hempel, M.D., Grand Rapids; A. E. Small, M.D., Chicago; J. P. Dake, M.D., Nashville; W. H. Holcombe, M.D., New Orleans; R. R. Gregg, M.D., Buffalo; H. N. Guernsey, M.D., Philadelphia; C. Dunham, M.D., New York; J. T. Temple, M.D., St. Louis; P. P. Wells, M.D., Brooklyn; H. M. Smith, M.D., New York; E. C. Franklin, M.D., St. Louis; I. S. P. Lord, M.D., Brooklyn; I. T. Talbot, M.D., Boston; J. F. Gray, M.D., New York.

The *Biographical feature of the United States Medical and Surgical Journal* will be continued. We have secured the services of an artist engraver who is very skilled in presenting a correct likeness. The face and character of some of our veteran and prominent practitioners will, no doubt, prove an interesting study to our readers. To be valuable these must be accurate.

Other features and many improvements will be introduced, which will make it more acceptable to the reader. We are promised some very choice articles, and the prospect is that our added space will be more than crowded. Dr. Gregg's illustrations of chest pains, Prof. Ludlam's clinical lectures, and Prof. Hale's articles on the effects of remedies on the heart, will be continued. To these we can announce papers by Dr. Shipman on Analysis of Remedy-Symptoms; Dr. Dunham's Studies of Remedies; Dr. Foster, on Bilioussness; Dr. Woodward, on Hay Fever; Dr. Beebe, on Cancer.

Reports of societies will form a prominent feature. Care will be taken, however, to give the practical parts. We are promised regular reports from the Chicago Academy, the New York Society, the Philadelphia Society, and from nearly all the State Societies and the Institutes. Our foreign correspondents will give us reports of their societies.

The interests of all our institutions at all points will be fostered. It is our aim to reach every Homœopath who can read our journal, so that, if occasion require, the whole profession may be rapidly rallied to support any interest, or right, that may be assailed.

In fine, it is our hope to make such a journal as will be deemed indispensable to every medical man, and especially to every one who practices Homœopathically. Suggestions and communications will be welcome at all times. Let them be as brief and as practical as possible, please.

All the Pharmacies are authorized to receive subscriptions. In all cases, notify us also, as the journal will be sent *direct* to the subscribers, thus avoiding delays, etc.

The terms will be \$5 in advance. Ten cents extra should be added to prepay postage in the United States; fifty cents for Canada, Great Britain and France; one dollar for Germany, and two dollars for India and Australia. Our usual discounts will be made to medical students. Of the MEDICAL INVESTIGATOR many a student has declared: "It is worth a course of lectures."

In conclusion we would ask the active coöperation of the old subscribers of both journals, for we propose to make this all that the combined name implies, and what many have longed for—"a cheaper and better journal"—although many have said that both were "indispensable to every Homœopathic physician." We have already placed its merits before about fifty thousand physicians, and now appeal to every Homœopathic Physician to subscribe for this practi-

cal assistant. Twenty-four large numbers (one every two weeks) of available medical information for the small sum of \$5 (a part of a days revenue), is a rare offer, and one that is being appreciated.

☞ Three Months (six numbers) will be sent on trial for \$1.00.

A FEW TESTIMONIALS.

"JOURNALISTIC MARRIAGE.—After the first of January, 1875, the *Medical Investigator* and *U. S. Medical and Surgical Journal* are to be consolidated, and published as a semi-monthly, under the title of the *United States Medical Investigator*. The arrangement will no doubt be acceptable to the profession, and under the able management of the present editor of the INVESTIGATOR, Dr. T. C. Duncan, we predict for the new enterprise a grand success."—*Am. Journal of Homœopathic Materia Medica*.

"Is n't the MEDICAL INVESTIGATOR developing a sort of cannibalism? Here it has gone and swallowed bodily a nine-year-old and decidedly lusty quarterly. We are, however, almost as ready to "condone" as was Tilton, in that the gorged INVESTIGATOR threatens to come out twice a month, and to the tune of 1,200 pages *per annum*. This little feat will put the West several pages ahead of the whole Homœopathic creation!"

"If a 1,200 page semi-monthly is coming out, do let us have only six months to a volume. It will be an extra index merely; and while one can hold in the hand a six hundred page volume, one of twelve hundred would only be an aggravation. Anyhow, success to the *United States Medical Investigator*, for that's the name of the new journal—a baby christened before its "delivery."—*New York Journal of Homœopathy*.

"The *United States Medical Investigator*, despite its name, is broadly catholic and emphatically cosmopolitan. But this could not be outside of Chicago."—*Cincinnati Medical Advance*.

"I am a little sorry to part with *The U. S. Medical and Surgical Journal* from mere strength of association, but nevertheless believe it the very best thing to do. Our literature is not up to the standard, particularly our journals. Every Pharmacy and College must have a *blow pipe*, and thus we have eight or ten journals that would add to our reputation as a school, were they consolidated into four. *Success attend the new enterprise*, is the heartiest "God speed you" I can utter. I, of course, shall subscribe for the semi-monthly if it cost *ten dollars*. Shall be pleased to report as special contributor all items of interest within my jurisdiction.

"FRANK L. VINCENT, M.D.,

Troy, N. Y., Aug. 27, 1874. "Sec. New York Homœopathic Medical Society."

"I look upon your new journalistic marriage as one of great importance to Homœopathy, not only in the West but also in the whole country.

"M. M. WALKER, M.D.,

Germantown, Pa. "Secretary Pennsylvania Homœopathic Medical Society."

"I like your plan of consolidating and issuing a semi-monthly. It should and *will* succeed.

A. R. THOMAS, M.D."

Philadelphia, Aug. 25, 1874.

"The profession will gain by the consolidation, and we hope that the physicians may subscribe as "one man" for the new journal.

St. Louis, Mo., Aug. 24, 1874.

"JOHN W. MUNSON."

"I am pleased with the new journal enterprise, and have every confidence that it will be worthy of very general patronage.

"N. NOXON, M.D."

Bloomfield, Canada.

We wish you a prosperous new year, and that you will send at once for

THE UNITED STATES MEDICAL INVESTIGATOR,
67 Washington Street, Chicago, Ill.



J. P. Duke

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. I, No. 3. — FEBRUARY 1, 1875. — Whole No. 135.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

Practitioners in the far East, and the distant West, the cold North, and the sunny South, here compare notes to mutual benefit and also to the advancement of medicine. Let us hear from all. What are the prevailing diseases now?

ARKANSAW, Wis., Jan. 23, 1875.—Not much sickness here now. Obstetrics and hooping cough is the order of the day.

Yours fraternally,

W. R. CHURCHILL.

CHICAGO, Jan. 14, 1875.—I would give that Louisiana dysentery man *Silicea* 6000th, one dose, and wait. Guernsey reports a similar chronic case cured with the above remedy.

J. R. MILLS.

LITTLE YORK, Ill., Jan. 12, 1875.—There has been very little sickness here this winter. The principal diseases now are pneumonia and ulcerated sore throat.

G. H. BREED.

PRINCETON, Ky., Jan. 26, 1875,—The health of this community has been very good for some months. Many cases of whooping-cough this fall and winter, and recently a few cases of pneumonia.

M. J. L. BURCHARD.

MARSEILLES, Ill., Jan. 13, 1875.—The prevailing diseases here are bilious, remittent, and typhoid fevers. I am having a shower of babies just now. Many thanks for the INVESTIGATOR, I think it a great help.

G. A. CORNING.

WASHINGTON, D. C., Jan. 18, 1875.—The weather has been cold but not nearer than five degrees of zero, and only one day so low as this.

Some twenty deaths a week are now reported here from typhoid and pleuro-pneumonia, don't know who treats them, only judge from the mortality.

Yours truly,

C. PEARSON.

MEMPHIS, Tenn., Jan. 12, 1875.—This city has been one of the healthiest in the United States during the past year. The ratio of deaths to the 1000 was only twenty-three during 1874. Last week there were only fourteen deaths. Diseases incident to the season are light and easily controlled. Really, nothing worth mentioning.

LUCIUS MORSE.

CLEVELAND, Ohio, Jan. 23, 1875.—Here, colds, bronchitis, coryza, etc., are the prevailing diseases. In Lake county, fifteen cases of small-pox are reported. In Collamer, this county, there have also been a few cases. One case was reported in this city yesterday. Diphtheria is reported to be prevailing together with malignant scarlatina in Lorain county. Wilson Street Hospital (Allopathic,) and the Bethel Relief had a grand calico ball a week since, clearing some \$4.500.

PETTET.

KENOSHA, Wis., Jan. 20, 1875.—For several months it has been remarkably healthful here. Of late, however, quinsy and influenza are prevailing. In children, the latter is characterized by its sudden onset, much prostration—child soon looks as though it had been sick a week—violent sneezing, with discharge of blood-tinged coryza. *Arsenicum* 200th readily controlled with these symptoms. It has been the rounds among the children, and now adults are taking their turn.

C. B. GATCHELL.

LINCOLN, Neb., Jan. 25, 1875.—The past year has been one of unusual good health in this vicinity, at present the prevailing diseases are severe colds and croupous pneumonia. The latter I have very successfully combatted with *Phosphorus* and *Sanguinaria*, *Bryonia* and *Sulphur*. I have a case of introverted nipples, the apex of each is slightly depressed and when grasped by the infant it doubles in, escaping the mouth despite all efforts to remedy the trouble, so that the mother has been obliged to nurse from the bottle with one child. Her second child, just delivered, a fine boy, seems doomed to the same method of nursing. The mother's breasts are natural in every respect and her general health good. I have never met a case like this. Would like to hear remedies suggested.

Very respectfully,

L. J. BUMSTEAD.

MOLINE, Ill., Jan. 13, 1875.—Moline has not been much sick for two years, unless you call nasal catarrh sickness. It seems to be the worst place for that affection I ever saw. What can be the cause? Our water here is very hard. Can it be that we have a proving of *Cal. carb.* from the use of the water?

One family in which I have some patients make very delicious corn bread from the following recipe: Meal enough for a cake for a family of six persons, one tablespoonful of *Bicarbonate of soda* pulverized and well stirred in the meal dry, one teaspoonful of *Muriatic acid* in a sufficient quantity of milk (water will do,) to mix, and make the dough of proper consistency, (an egg and sugar added improve the quality,) bake in a quick oven. Now the Query: Do the *acid* and *soda* so neutralize each other as to leave nothing deleterious to health?

Respectfully,

S. BISHOP.

[They should.]

GRAND ISLAND, Neb., Jan. 14, 1875.—During the last two weeks many cases of rotheln, or German measles, have appeared, confined without exception to children during dentition, ushered in *suddenly* with high fever; catarrhal symptoms; and worthy of note, throat symptoms *very severe and persistent*. *Aconite* 200th, *Belladonna* 200th, and *Merc. viv.* have been in most cases called for. Warm baths morning and night, tiny pieces of ice in mouth, and ice-cold cloths to throat have been resorted to. Catarrhal fever all the go this week; *Bryonia* 200th, *Gels.* 200th, *Nux vom.* 200th and *Rhus* 200th, have helped all cases. "Scarlatina anginosa," first case for 1875 to-day. I would remark in closing, that I have often used with remarkable results as a preventive to the spread of scarlatina poison, *Belladonna* 200th, once a week. I have great confidence in it. Fraternaly, F. CHURCHILL.

ATLANTA, Ga., Jan. 17th, 1874.—The U. S. MEDICAL INVESTIGATOR for January 1st has come to hand and I like its appearance.

Potatoes for children.—I am especially pleased with the discussion on prevailing diseases, where Dr. Colton speaks of potatoes as food for children. I have used roasted sweet potatoes with very good result in children during dentition especially when raised on the bottle.

In acidity of the stomach and sour vomiting and sour smelling discharges from the bowels *Iris ver.* 3d and *Ipec.* 3d has served me well.

Constipation.—The discussion on page 33, where Dr. Helen J. Underwood speaks of having to contend with obstinate constipation, interested me. Much of my practice is with chronic diseases and diseases of females. Like Dr. Ludlam I have had to resort to an old expedient which has answered my purpose when all else failed, i. e. a teaspoonful of unbolted cornmeal in a gill of water, well stirred, and taken in the morning before breakfast.

Myosoti pymph. (See *Rotany*), tincture, five drops every two hours in a little water, proved curative in a severe case of typhus pulmonalis. Improvement began after first dose, and patient discharged after fifth day. Yours truly, F. F. TABER.

COUNCIL BLUFFS, Iowa, Jan. 23, 1875.—From the 1st to the 18th inst. the weather was intensely cold with high winds.

Among children and adults anginas were the rage. In angina fan-
cium *Hepar sulph.* was characteristically indicated by the sensation of something sticking in the throat. During the first eight days it met in

nearly every case. I began with the 3d trit., a powder in water, and followed it with 30th in water, teaspoonful doses every hour.

One case of membranous croup in a child eighteen months old, was, as I think, moribund. *Acon.* 3x reduced the fever and softened the rough respiration. Its face was bluish and it could not lie down. As soon as there was any abatement of the fever *Hepar sulph.* 3x in water, teaspoonful every hour carried the case out of danger by the fifth day. There was suppression of urine, *Arsen.* 3000, one small dose of pellets produced an evacuation of the bladder, it was repeated each time; on the fifth day there being constipation in conjunction with suppression of urine one dose of *Nux* 2000 dry on the tongue relieved all the symptoms, and on that alone it rapidly recovered.

I have seen so many cases in Illinois that I am absolutely sure of the diagnosis. I think the dryness of this air is an advantage in this disease. In damp, malarious Fulton county, (Illinois), croup usually terminated fatally.

On Friday, the 8th inst. (the day being bitterly cold with a furious storm of snow and wind from the north,) *Colocynth* colic was quite prevalent among my patients. *Bell.* has not been much indicated. *Phytolacca* 10th dec. in diphtheric ulceration of the tonsils, in two cases followed by *Puls.* 30th indicated by thirstlessness.

The intense cold weather has caused a crop of congestions of the liver, causing jaundice with constipation, fever, thick yellowish-red urine, nausea, red tinge through the yellow on the face, gave *Nux* 3d in water, for three days, followed by *Nux* 30th.

Congestion of the lungs, *Acon.* 3x. In infant capillary bronchitis *Acon.* 3x and *Hepar s.* 30th; in one case *Opium* 30th most beautifully restored a child after it had been comatose fifteen hours. This child is convalescing on *Kali bich* 6x trit. small powder every two hours.

This is an endless matter. The diseases have been caused by the intense cold chilling the nerve centres, causing congestion of the lungs, liver, stomach, etc. The remedies have been *Acon.*, *Hepar sulph.*, *Phytolacca*, *Puls.*, *Nux vom.*, etc.

Last year the diseases were anginas, with some erysipelas, the remedies used were *Bell.*, *Merc. sol.*, *Phytolacca*, and *Rhus tox.*, rarely *Hepar sulph.*

Yours truly,

WALTER D. STILLMAN.

PITTSBURGH, Pa., Jan. 16, 1875.— Impressed with the idea that perhaps some of your numerous subscribers would like to know what we are doing in the "Smoky City," I drop you a line.

Typhoid.— During the past fall and early winter we have had quite a severe epidemic of typhoid fever, some cases assuming a typhus character, others of a remittent type. The mortality list has been quite extensive among our "old school" brethren, comparatively few having been lost when treated Homœopathically. The principal remedies used were *Bry.*, *Rhus tox.*, *Mur. ac.*, *Carb. veg.*, *Ars.*, and others of lesser note. The attack was generally ushered in with the usual premonitory symptoms, accompanied in many cases by diarrhœa with tenesmus. *Rhus tox.* or *Bry.* was given for three or four days, when, if the diar-

rhœa continued *Arsen.* 12th was perscribed, and when hæmorrhage from the bowels occurred the same remedy was used only in lower potency, the 2d triturations producing most wonderful results. Some of the cases were even at "death's door" when the remedy (*Ars.* 2d) was pushed and with most gratifying success. Where death did occur, it was generally the result of profuse hæmorrhage, bringing the fatal result with astonishing rapidity. Death in a few cases resulted from peritonitis, produced by perforation of the intestines. Great attention was paid to diet, some cases were sustained solely on buttermilk, wine-whey, and articles of a kindred nature. It was found necessary in other cases to stimulate the patient in order to maintain sufficient strength to enable the patient to out-ride the ravages of disease.

Pneumonia.—At the present time we have a little of everything. scarlatina, diphtheria, measles, etc. We have had considerable pneumonia during the past week, which, generally, is of a severe character, many cases assuming the pleuro-pneumonia type. The principal remedies being used are *Bry.*, *Aco.*, *Rhus tox.*, *Opi.*, *Kali bi.*, and others according to indications.

Among those who have died in this city from the effects of this disease was DR. THOMAS HEWITT, at one time a respected member of our Society, but, from a little indiscretion on his part, he sank into oblivion with disgrace, although at the time of his death he was endeavoring, and successfully, to regain his lost reputation.

Our Hospital, which, by the way, I believe is the *oldest* Homœopathic Hospital in the country, is absolutely over-crowded with diseases of every description, except those of a contagious nature.

The Dispensary department of the hospital is doing a vast amount of good among the poor of this city and vicinity. The dispensary is open from 11 to 12 A. M. and from 2 to 3 P. M., and we daily treat from twenty to sixty cases, and of course have to deal with almost every disease "to which flesh is heir to," from tinea-capitis down to ingrowing toenails. Four physicians comprise the dispensary staff, three of whom, Drs. Buffum, Caruthers, and Edmunson attend the morning hour and Dr. Chantler the afternoon hour, which is largely attended by persons suffering from private diseases. The staff also visit those who are too sick to come to the dispensary for treatment.

Wish the new "consolidation" success. Yours, BERT.

VARIOUS CLINICAL NOTES.

HYPERTROPHY OF HEART.

DEAR EDITOR.—Some time ago, in the INVESTIGATOR (Jan., '74), I saw the interesting correspondence between Drs. Thayer and E. C. Price. The latter, in attending the Institute in this city, probably did not hear my report on hypertrophy of the heart, cured by *Cimicifuga*?

I gave 1st dec. every two hours until aggravation, then 3d, then 6th, then in regularly ascending scale at each renewal of aggravation, and at last, four doses of the 200th in the course of a day, then placebo.

Should *Brom.* not do all, *Cimicifuga* may be worth remembering. *Phosphorus*, *Lach.*, etc., not forgotten.

FOR CHRONIC SYPHILIS.

I consider the first medicine to be *Arsenicum* high, and not too often repeated. In acute (indurated) chancre, *Graphites* 200th, and at the first, glycerine dressing; softening, after a few days, takes place; then dry scraped lint, made from old linen. If very soft ulcer, solution of *Alum*, about two grains to one ounce. If very dry, *Glycerine*, at any stage. *Carbolic acid* as heretofore suggested, also deserves trial, locally, as an abortive, acting by transforming the tissues into a dry scab. Various medicines internally, of course, are useful, according to symptoms. Under this head, Bonninghausen's Repertory is very complete in the chapter on "Skin"—rubic "Ulcers,"—(as it is under the head of any other *visible* malady).

TENIA.

Two cases have yielded to *Sepia* high, at long intervals, with suffocation of the animal by abundant eating of fresh butter.

MEDICINES VS. ANEURISM.

In Pennsylvania Hospital, success has seemed to be partially attained long ago, in aortic aneurism, by internal use of *Acetate of lead*. Possibly *Opium*, taken with it, may be creditable, more or less, with the benefit derived. *Sumbul* and *Fagopyrum* both promise well for abdominal aneurism.

Prof. Martin has had a fine effect from *Lachesis* in chest cases, and I myself with *Bell.* 200th in aneurism of the right common carotid, apparently in very close relation with the innominata—involving it, apparently. And now, Dr. Pease reports cures with *Secale* 200th, in abdominal cases.

Are not Homœopathic surgeons in danger of forgetting that the knife is the *opprobrium medicorum*, and that Homœopathy has a mission to *cure*, rather than to sacrifice, altered parts?

HAY FEVER.

Dr. Woodward treats of this in the first January number.

1. If I remember rightly, Dr. Blake, of England, has shown that the pollen of certain grasses is responsible for its causation—(not cryptogamous vegetation). Affections of other, but homologous organs, is a common phenomenon in the history of every proving, whatever the main action, hence, hay fever need not be any more "constitutional" than any other pathogenesis.

2. Hydrogenoid patients do badly at the seashore, but Long Beach on the New Jersey coast, has a special reputation as a sanitary resort for "hay fever" cases, having no "upland" vegetation, and being separated from the main land by five miles of salt bay. Last summer, I met there one of the periodic victims. He had the firm, florid, oxygenoid constitution, not hydrogenoid, and greatly enjoyed his exemption from his complaint.

3. As a remedy, *Gelsemium* 1000th potency and higher, not unduly repeated, has justified Dr. Lippe's recommendation of it — its key-note being "violent sneezing in the morning."

CONFUSION OF DRUG NAMES.

In Schussler's Remedies, second edition, as well as in Dr. Farrington's Comparative Materia Medica, and Dr. Bigler's cases treated with Schussler's remedies (A. J. H. M. M.) the *Muriate* and *Chlorate of Potash* are confounded, and it is all-important to clarify our nomenclature. S. prescribes the *Muriate*, KO-HCL, not the *Chlorate*, KO-CLO5.

DIPHTHERIA

has been epidemic of late, and the old remedies *Lach.* and *Lyc.* have used abortively, i. e. aborting the disease; the former if being on the left side, the latter if on the right side.

Kali muriat 12x, has controlled the exudation; *Kali sulph.* 12x, yellow discharge; but when much fœtor of the breath, *Kali phos.* 12x has dissipated the membrane rapidly. But such medicines as *Sulph.*, *Arsen.*, etc., have been indicated after these, in some cases. *Kali mur.*, alone, finished the cure of a case with blackish gray exudation on the right tonsil. These were used *a la* Schussler. What are your Chicago key-notes for *Acid nit.* and *Acid mur.*? See U. S. MEDICAL INVESTIGATOR pages 31 and 32.

J. C. MORGAN.

PHILADELPHIA, Jan. 15, 1875.

SECALE IN SWEAT. PLUMBUM IN DIABETES.

BY DR. H. GOULLON, JR., WEIMAR, TRANSLATED BY A. MC NEIL.

PROFUSE SWEAT.—I have treated a sickly countryman since the 30th of August, who was then a patient for four weeks. The complaint began, according to his own account, with a swelling of the breast and abdomen, which was worse after eating. Since eight days it has been accompanied by a cough which continually assumed a more threatening character, at the same time sleep also failed. Exhausting sweat.

From *Kali carb.* 6th, followed a considerable abatement of the symptoms, yet the patient complained as formerly of the cough and sweat. He could not bear the slightest draft. In the evening regularly he was attacked by fever and at the same time the cough was considerably aggravated.

Up to the first of December neither *Rhus.*, *Kali carb.* nor *Lycopodium* removed the cough or exhausting sweat. (The specific curative action of *Ergot* against too long continued lochia, as well as against frequent exhausting diarrhœa, is well known. On these, as well as many other grounds, it is an important cholera medicine.) Then the latter symptoms determined me to choose a remedy with the special object of checking the excessive secretion. A few doses of *Secale cornutum* 3d were sufficient to regulate the activity of the skin. Immediately the strength returned, the appetite improved, and the cough whose long

continuance caused fears of tuberculosis, disappeared. No other remedy was necessary after the *Secale cor.*

Further experiments will prove whether *Secale cor.* is really of equal importance with such well-known remedies as *Kali carb.*, *Phosphor.*, *Arsen.*, and *Ipecac.*, in such cases. Especially have I seen in chronic (at times intermitting for months,) cases of asthma on an emphysematous basis, the most brilliant results from *Kali carb.* when *Arsenicum* and *Phosp.* left me in the lurch.

For the new remedy, *Secale*, the presence of abundant sweat, shaking cough, perhaps also inclination to colic, diarrhœa, distention of the bowels, would be important, as such existed in our patient. Physical exploration of the chest revealed extensive emphysema.

But as *Secale* removed morbid sweat, we must not for a moment forget that the provings of this remedy do not show the appearance of such sweat. They mention on the contrary: skin cold, dry, wrinkled, pale, and shriveled as from the action of hot water; blueness of the face and whole body, with wrinkling, shriveling, and entire want of sensation of the part, which does not give a drop of blood on cutting; desquamation of the skin, particularly by the part affected. In short, we have almost a similar condition as that caused by lead. Notwithstanding the sweat is, as in *Secale*, a consecutive (not idiopathic) phenomenon, yet the Homœopathicity of its action is undeniable.

We remark, however, that the action of *Secale* in removing the cough might be ascribed to the narcotic principle (*Ergotin*) which *Secale* contains, as well as *Belladonna*, *Lactuca*, *Lobelia*, *Pæonia*, *Nux vomica*, etc. (Considering the dose employed, very doubtful.—Translator).

If an explanation is required of what we understood by consecutive or secondary sweats, we are reminded by the epilepsies cured by *Secale*. It is mentioned, at times the attacks end with severe sweats, which are often called forth by the anguish and pains and therefore do not appear to be critical.

The weakness, also, (great and general,) which we find recorded among the pathogenetic symptoms of *Secale*, might be interpreted similarly to the sweats, i. e., in the primary action of the remedy decidedly prevails symptoms of spasmodic action in all possible grades of intensity, from simple drawing and tearing, (with intolerable formication,) from mere twitches in the muscles, (also twitching and trembling of entire muscles), "drawing pains" to well-marked epileptic attacks continuing for hours, (appear principally, at night, particularly caused by mental excitement. Friction and extending the limbs alleviates.) The weakness following, we believe is to be comprehended with the same right as secondary occurring, among the secondary effects as is the *Secale* sweat.

PLUMBUM IN DIABETES.

What I have aimed at in reference to the sweat of *Secale*, I have attempted with *Plumbum* in my paper about diabetes mellitus, in relation to the secretion of urine (polyuria), permit me to quote the passage in question:

“ Although we read under the symptoms of the urinary organs, frequent micturition; very much increased discharge; yet we maintain that the primary action retards the secretion. We also read: discharges of urine difficult or even entirely prevented; suppression of the urine; secretion suppressed. This action of lead is only an apparent contradiction with the otherwise striking agreement with the symptoms of diabetes. The increase of the urine in diabetes is in our opinion due solely to the sugar itself, the impelling cause to which it should be ascribed. The polyuria, also, is a secondary — almost mechanically to-be-explained — phenomenon, which has nothing to do with the original nature of the disease.

We also read (Vol. vii, No. 21, *Neue Zeitschrift für Homœopathische Klinik*,) in a paper treating on diabetes: the increase of urine is no constant sign of diabetes, for there are examples in which the quantity of urine was not increased beyond the normal quantity. It lies in the nature of the disease but is not an essential part of the same, the superfluous sugar cannot be employed economically. That the kidneys become the chief organ of excretion depends on their physiologico-anatomical structure. The powerful diuresis depends on the great filtrating qualities of sugar. Suffice it to say, we maintain that the action of diabetes as well as that of lead causes a languid state of all the organic fluids.

Secale cor., which in its pathogenesis is as similar to lead as one egg is to another, at least the symptoms which relate to diabetes, has caused, in its primary action, not polyuric, but contrary symptoms. Notwithstanding we assert that it is also called to play an important role in the Homœopathic treatment of saccharine urine. Yea, it is characteristic that our celebrated specifics *Arsen.*, *Uran.*, *Kreasot.*, and others universally cause primarily a suppression of urine.—*Hirschel's Homœopathische Klinik*.

A CLINICAL STUDY.

“ Good morning, Doctor.”

Good morning, Mr. —; please take a chair. How are you to-day?

“ Ah, Doctor, I am not sick, and I am not well. My stomach is bad.”

How long have you been sick, sir?

“ I have not been well for over a year.”

Please tell me all about your troubles from the beginning to the present time. Do not be in haste, but be very particular to speak of every pain and ache — what you have been doing for yourself, and how long you have been taking medicine, and what effect it has had. Take your time, Mr. —.

What is there more interesting to the physician than a full and free recital of all the pains common to patients afflicted with some chronic ailment? I prefer such stories, every time, to the most beautiful novel ever written. There is something fascinating about them. “Hiawatha,” or “Copperfield,” are not half so good.

“ Well, Doctor, I can not speak your language very well, but will do my best to make you understand me :

“ One year ago I had a spell of fever — intermittent fever, the doctor called it. I was sick three weeks, and very sick, too. The doctor attended me faithfully, and gave me a good deal of medicine — purged, vomited, blistered, cupped, and poulticed me well and thoroughly. I have no fault to find with the doctor. When I was getting better, indeed, able to be about my farm, I was taken one day with a pain just here (placing his finger over the region of his stomach), and it caused me to feel so uncomfortable that I had to hurry to the house and lie down. I could not rest with any comfort, so my good wife began to dose me with some of her domestic medicines, such as ginger tea, pain-killer, etc.; but none of them afforded any permanent relief. After suffering for a month, I was prevailed upon to go thirty miles to the city of —, and consult a celebrated doctor, with a view to getting relief. The doctor gave me a careful examination, and thought he could cure me, but it would take time. After remaining a day or two I started home, taking with me a bundle of roots and herbs — about so much (measuring off with his hands a space large enough to contain a bundle of three or four pounds weight), and a bottle so big (probably hold a quart). I was to be blistered with mustard every week at least once, and if not relieved, twice. My medicines would last a month, and then I must report. I continued to visit this physician, off and on, for four or five months; but my troubles increased rather than diminished; so, at the earnest solicitation of my family and friends, I concluded to visit another physician of the same school of medicine. The last-named doctor put me through the same course, as regards quantity and quality, all to no purpose. I am growing worse every day, and unless I can find relief soon, must ere long be numbered with the silent dead.

“ I come to you, Doctor, for relief. Can you do me any good? I have been told that you are not a *Calomel* doctor. Please do your best for me.”

Well, sir, your story has interested me very much; but you have failed to describe your symptoms, and until you tell me just how you feel now, I shall not be able to even prescribe for you.

“ I have had a pain just here (placing his hand over the stomach), and it never leaves me for one moment when awake. I can not describe the kind of pain; all I know is, I feel terribly uneasy, with a burning, gnawing, dragging, bloated feeling. My food distresses me, even a single mouthful, so that I can no longer eat with any comfort. I am constantly spitting a colorless liquid that looks like water. I spit a quart of it every day. My bowels are dead — never act unless under the influence of some strong pills. I don't suppose I would have a stool once a month but for the cathartic medicine. My sleep is broken; I never rest well any more. I usually retire about 7 or 8 o'clock, only to toss about the bed till 2 or 3 o'clock the next morning. My urine looks good, and I pass about the usual quantity. I cough night and day. I expectorate during the day a white mucus, and a good deal of it. I

forgot to mention that after my urine stands a while, a red-looking powder settles in the bottom of the vessel. I have lost thirty, or more, pounds of flesh. Spit up my food? No, never; only the water I spoke of. I am not very thirsty; drink tea, and a little water, but nothing else. I usually feel worse from 4 to 8, or 10 o'clock P. M. As you see, Doctor, I am nothing more nor less than a living skeleton. Life, at such a rate, is unbearable."

The foregoing is a brief history of a case of chronic gastritis. I do not presume to speculate as to the exciting cause. I have had so many cases of precisely the same nature within the past year, and have so utterly failed, to my own mind at least, to give any satisfactory reasons why the human stomach should be so afflicted, that I have about concluded to rest content in the belief that, while I may not always be able to fathom the mysterious workings of a sick stomach, I can listen to the cries of that stomach and respond to its demands by giving that which it requires, let it be food or medicine.

And just here we might offer a word in praise of our beautiful law of cure. We have no round-about way to travel while prescribing for the aches of poor, suffering humanity. The globule, however small, thoroughly saturated with the proper remedy, does its work quietly and satisfactorily to both physician and patient. There is no guesswork about it. The pellet, fired from the Homœopathic gun, charged and primed with our grand *Similia*, sighted by the careful, experienced eye, never fails to do its work. "Whether there be prophecies, they shall fail; whether there be tongues, they shall cease; whether there be knowledge, it shall vanish away." But not so with *Similia*! its foundations are of granite, its truth ETERNAL! That we often fail to relieve our patients, is true; but the fault is not with *Similia*. Granting the disease to be a curable one, it behooves us to awake from our lethargy and study our remedies more closely. There are changes occurring every day about us that we do not understand, and until we do know them of a truth, it were useless for us to speculate. We may, and do, theorize too much, I fear; and what good comes of it? Did theory or speculation ever relieve the afflicted? Never. But to the point—this is a digression.

I saw in the case before me something that enlisted my sympathies. The patient I had known years ago. His children, especially the boys, were my warmest supporters; but he had kept aloof from me because of an unbelief in my system of medicine. They had known me in other days, when it was my delight to give material doses; but since I had adopted Homœopathy they sedulously avoided employing me. These things stimulated me to earnest effort, and I undertook to effect a cure, and, as the sequel will show, succeeded.

My first and only remedy was *Lycopod*. Occasionally, by way of testing the virtues of *Sulph*. or the anti-psoric, I gave a dose of this remedy, high, 55,000. But *Sulph*. had nothing to do with the cure. *Lyc*. was the remedy then, is now, and ever will be, for such troubles. I have treated dozens of cases similar to the above, always successfully, and *Lyc*. was the remedy. When the *digestive canal* is at fault; when

the liver is inclined to torpidity; when *water-brash* is present; when *flatulence* is a prominent symptom; when *constipation* is the burden of complaint, and so obstinate, with these symptoms, separate or combined, you may give *Lyc.* and rest assured it will never disappoint you. *Lyc.* is the antidote for *Calcarea*. This is a limestone country. The spring water is hard, and when boiled in the same kettle day after day, leaves an incrustation that must be removed from time to time in order that the kettle may do its duty. *Calcarea* symptoms "crop out" in bold relief. The physician can almost invariably read the patient and maladies before a word is spoken. And this is especially the case with those who have chronic ailments.

Lyc. 200 is my favorite prescription. I seldom deviate from this potency. Now and then I may, and do, give the 30th, but 'tis an exception to the rule. In the case under treatment I used the 200th. My rule is, never give a second dose until the first has spent its force. In other words, *never give any medicine as long as your patient is doing well.* I have spoiled many a case by being too meddling — too anxious. This was the most difficult lesson I had to learn, and it required several years for me to master it.

Resume.—Mr. — was sixty years of age; had chronic gastritis of over a year's duration, unscientifically dosed, only to grow worse; bowels constipated; water-brash; flatulent; a mere skeleton; cough very distressing; appetite gone; mind depressed, anxious, gloomy (*Calcarea?*); excess of lithates. *Lyc.* 200, one dose, to be repeated when necessary. Patient was cured with two or three doses, in as many weeks.

Lycopod. is one of my pet remedies. *Hydras. can.* is another. I hope soon to be able to say a word for the latter.

HOW DO HOMŒOPATHIC MEDICINES ACT?

BY W. H. HOLCOMBE, M. D., CINCINNATI.

Let me premise that Homœopathic medicines will continue to cure whether we understand the *rationale* or not. The discovery of a truth very often precedes the explanation of it. The needle pointed to the pole, and the mariner used it as a sure guide upon the high seas, hundreds of years before our discoveries in terrestrial magnetism gave a satisfactory solution of the strange phenomenon. So it may be with Homœopathy. We may not yet be able to satisfy the scientific mind as to *how* we cure, but our guiding law to the cure remains fixed and clear.

We can not repress the instinctive cravings of the soul for information about the cause of things, the plan of the universe, the operation of laws, and the mysteries of life. How? when? where? why? are the little queries continually propounded by our children, and they will not be satisfied without some kind of an answer. And we, who are but children of a larger growth, put the same interrogatories day after day to

man, to nature, and to God. Sometimes the powers we question are as silent as the stars, giving no answer; sometimes our hearts are rejoiced by a partial glimpse or an imperfect explanation.

VARIOUS THEORIES.

Hahnemann's own theory of the cure was this:

"A *weaker* dynamic affection is permanently extinguished in the living organism by a *stronger* one, if the latter (whilst differing in kind) is similar to the former in its manifestations."

This theory is untenable and has long been abandoned. There is no proof that the medical disease is *stronger* than the natural disease, especially when the latter is given in the Homœopathic dose, and the arguments adduced by Hahnemann were all unsatisfactory.

Trousseau and Pidoux, Allopathic writers, explained the action of Homœopathic medicine on the principle of *substitution*, the artificial disease being supposed to take the place of the natural disease. They do not however state why or how one gives way to the other, and the theory is simply the old one of Hahnemann. With Hahnemann the drug-disease overpowers the morbid state; with the French gentlemen it is substituted for it.

Hufeland and others taught that Homœopathic medicines excite the *reactive* powers of nature against the existing disease. The medicine is supposed in reality to increase the disease, but in that very act it rouses the *reactive* forces of nature more and more against it.

Many others contend that all the symptoms of disease are signs of nature's effort to throw off the interior morbid influence; that nature is frequently incompetent to the task, and that Homœopathic drugs acting in the same line with nature's efforts, facilitate and hasten her cure.

Atomyr even contends that diseases are analogous to plants, springing from seed or by equivocal generation, and have their period of growth, flowering, fructification, decay, and death; and that our remedies are food for this process, stimulating the rapid growth and hastening the death of the morbid influences. He originated the paradox that "the cure of disease depends upon the promotion or continuance of diseases."

I confess that I have been always dissatisfied with these vague and almost unintelligible speculations, and have longed for some purely material or even mechanical solution of the question. I distrust metaphysics; I revere science. I think our hope for the future elucidation of our cures depends upon our increasing knowledge of two great orders of physiological facts, viz: the electro-chemical phenomena of nutrition, and the undulatory movements of the nerve-force.

I am convinced that we shall never get any satisfactory theory of disease or its cure, so long as we look for it in the great complex organs and tissues; so long as we think of medicines as acting on the liver, or the skin, or the heart, or the brain. We must go deeper than that. We must pass from the periphery to the centre, from the compound to the unit, from the gross and crude to the microscopic, from the various

secretions to the electro-chemical action which underlies all secretion, from the solids and fluids of the body to the etherial sphere of the nerve-force which from its interior throne dominates over everything beneath and around it.

All the grand movements of vitality are transacted in the ultimate cell or organic molecule, invisible to the eye, and beyond the reach of chemical analysis. The chemical nature of the cell and its nucleus, and their chemical reaction with the adjacent blood brought to them through the minutest capillaries, determine all the vital manifestations at that point, determine also the secretions, the excretions, the motions, the sensibilities, the health or disease of the individual.

Disease is perverted nutrition. It begins always in the ultimate cell or organic molecule. An infinitesimal change in its chemical constitution, an atom more or less of oxygen or carbon, may be a departure from the normal type, involving by successive degrees a vast train of organic disturbances. The root and fountain-head of all the morbid symptoms in the body is to be found in the infinitesimal electro-chemical reactions of the ultimate cell or organic molecule with the blood. I say electro-chemical, for all chemical changes are accompanied by, and frequently dependent on, simultaneous changes of heat and electricity. The electrical condition and the chemical condition are inextricably associated and inter-dependent.

THE ELECTRO-CHEMICAL EXPLANATION.

Now whatever this electro-chemical state of perverted nutrition may be, which constitutes disease, we are certain that in drugs chosen on the Homœopathic principle, we have the means of producing *similar* electro-chemical states in precisely the same parts. What must be the effect of a drug applied under such circumstances? *The only guide we have at present is the physical law that similar electricities repel each other.* How are they to repel each other in this case? The organic molecule and the medicinal molecule do not fly apart and recede from each other, but the *electro-chemical action going on in the molecule is suspended or changed to its opposite* — or as the philosophers say, the poles are reversed — and so a disease is cured by infinitesimals on the Homœopathic principle.

This theory has been slowly elaborating from the time of Hahnemann to that of Grauvogl, and I am sure that succeeding discoveries in the higher departments of physiology and physics will throw a more perfect light upon what is still vague and obscure in the brilliant and beautiful speculation.

Closely allied to this electro-chemical theory and partly dependent upon it, is the undulatory theory of cure — first propounded by myself in 1852 in a little book entitled "The Scientific Basis of Homœopathy." I will give you an outline of its contents:

The gray globules in the brain, spinal cord and sympathetic system are the *generators* of nerve-force. It is generated by the electro-chemical nutritive reactions going on between the arterial blood and the nerve-cell. The nerve fluid or aura is conducted down the afferent

tubes to all parts of the body and returns by the efferent tubes to the nerve centres.

I compare the nerve force to the great solar forces of nature, heat, light, and electricity. I extend to that force the undulatory theories so successfully applied to the physical forces. The nerve fluid moves through its medium with exceeding velocity and in waves of infinitesimal minuteness. It governs all the sensations, motions, secretions, etc., and its own character as to rate, form, peculiarities and effects is determined by the electro-chemical nutritive changes produced in the generating nerve-cells by the blood.

Disease is an abnormal undulation, a motion of the nerve fluids deviating from the normal type. This abnormal wave-movement or undulation of the wave-fluid is the prime cause of all the morbid phenomena which make up our symptomatology. Our drugs produce *similar* peripheral phenomena and it may be inferred from that fact that they disturb the nerve centres in a *similar* manner, and produce *similar* nerve undulations.

Now, similar but not identical undulations of light produce darkness; similar undulations of air produce silence instead of sound; similar undulations in water antagonize each other and produce rest—and as heat, electricity, and actinism, (or the chemical force of the sun) are interchangeable powers, and various forms of but one great solar force, it is more than probable that the same laws of wave interference apply to them all.

THE ACTION OF HOMŒOPATHIC MEDICINES IS NOW CLEAR.

Give a medicine which produces symptoms in all the organs and tissues similar to those of the disease existing, and its minute atoms are carried in the blood to the microscopic gray nerve-cells, where by their electro-chemical action they produce a similar nerve undulation, which antagonizes, neutralizes or arrests the abnormal one already in force.

Thus a profuse secretion of bile, a pain in the heart, a cough, a headache, a skin disease, anything, everything, can be promptly cured by remedies which may never go to the apparent seat of the disease, but which strike at the very root and centre and starting point of the morbid movement. The nearer to the nerve centre the smaller the dose which will be requisite to produce a given result. A nickel, invisible at a little distance, held close to the eye will hide the sun.

When this theory was first promulgated, although amply sustained by fact and argument, it was pronounced by the Homœopathic press to be too far up in the cloud-land of hypothesis to receive any serious attention. The Allopathic press, acting upon its adopted strategy of silence, gave it no notice whatever. One Allopathic professor indeed stole a dozen pages of it and published it in the *American Journal of Medical Science* as an original contribution to the physiology of the nervous system. Many developments since that time in physiology, physics, and microscopy tend to explain and confirm my theory. It will come up again for hearing. I lay my little gift on the altar of science and leave the verdict to future times.

Such is a brief resume of what has been offered to explain the Homœopathic cure. We concede that it is insufficient and unsatisfactory. It is a beginning but nothing more. We wait additional light. It will come. In relation to this and to many other mysterious things, Nature, our good and wise mother, secretive and reticent, seems to look coldly upon us at present and to say to us, as Christ said to his disciples, "I have many things to tell you but you cannot hear them now."

The formula "*similia similibus curantur*," is the only one, which, by its vast range of application and by the multiplication of its cures has attained the height and dignity of law. Yet while a great deal of Allopathic practice is curative by the leaven of Homœopathy which it contains, it is undoubtedly true that there are methods or processes by which nature is aided and cures effected, which are not fairly explicable by our philosophy.

Thus, it is always proper, whenever we can, to remove the causes of disease when they are still acting upon the body. To extract a carious tooth for neuralgia, to give an emetic to rid the stomach of an indigestible burden, and to destroy and expel worms are examples of cures of this class.

Again, it is sometimes necessary to use mechanical and chemical measures in the course of our treatment, and these are to be determined and used according to the laws of natural philosophy and chemistry.

It is sometimes requisite to give remedies, such as iron and lime, which are natural constituents of the human body and which may be deficient on account of disease.

It may sometimes become imperatively necessary to restore the physiological equilibrium of the system, and in such cases, a diuretic, a tonic, or a purgative may be of decided value.

It sometimes is a mercy and a duty to relieve pain by anodynes, when it is excessive and uncontrollable.

There are many remedies unclassifiable either as a "*similia*" or "*contraria*," which are known by empirical experience as serviceable in certain cases.

Lastly, when we look at electricity and galvanism, at Hydropathy, at Kinesipathy, or the movement cure, at animal and terrestrial magnetism, or at the great mineral springs of nature, we see how much there is us for us to study and to use outside of pure Homœopathy.

Homœopathy is the key-stone of the arch, the crowning glory of medical science, but Homœopathy is not all. Let us be physicians indeed. Let us be healers of the sick. Let us learn of the greatest and the least. Let our eyes and ears be open to all sides. Let us be teachable in spirit. For, after all, however wise we become, we shall be, as Sir Isaac Newton said of himself, like little children playing with shells upon the shore, while the great ocean of truth lies undiscovered before us.—*Medical Advance.*

**PHYSIOLOGICAL ACTION OF HOMŒOPATHICALLY
SELECTED REMEDIES ILLUSTRATED.**

[CONTINUED FROM PAGE 89.]

Dr. Herm. Welsch publishes the following cases in the *Allg. Homœopathic Zeitung*, No. 24, 1874,

SOME BARYTA CASES.

A servant girl consults me on account of throat troubles. Both tonsils are (chronically) enlarged; since yesterday, alternately chills and heat, accompanied by general malaise headache, thirst, etc.; pulse 120; deglutition painful on the right side, extending to the ear; tonsil looks red. She received *Baryta mur.* 5, three drops. Half an hour afterward more pain, followed by amelioration; next day, pulse 90; the pain gone on the right side, but a slight pain on the left side. The same dose was repeated. The next day, pulse 80; no pain. I gave her now one drop of *Aconite*, and the next day she was well.

An usher consulted me on account of severe pain on the right side of his throat and ear. The saliva ran in large quantities from his mouth, which annoyed him greatly. The fauces, especially on the right side, were of a deep red color, but the tonsils were not much swollen. In spite of the similarity to *Mercurius*, I prescribed *liquor Baryta mur.* 3, two drops every two hours. The following day he told me that half an hour after taking the first dose every symptom disappeared.

Hahnemann (*Chronic Diseases*, II, 201) recommends *Baryta* to such persons as incline to catch cold; cracking in the ears when swallowing; such violent boring in the right ear that she would like to scream; stinging sore throat, worse when swallowing, with dryness in the evening; sensation of internal swelling of the neck early in the morning; swelling of the left tonsil; chilliness, heat, and contusion of all the limbs, succeeded by inflammation of the throat, with considerable swelling of the palate and tonsils, which pass into suppuration and prevent him from opening the jaws, or speaking, or swallowing, with dark brown urine, and sleeplessness.

PHYSIOLOGICAL EFFECTS OF BARYTA.

In studying the special action of *Baryta*, we find that it affects the whole lymphatic glandular system; and here again especially the lymphatic glands of the throat, and of the sexual organs (epididymitis, impotence). But it is also the remedy for old men, as *Conium* is for old women. Now *Conium*, as well as *Baryta*, are remedies well recommended for what we usually call scrofulosis, especially where we also find great relaxation of the muscular strength. Mr. Phillips (on *Scrofula*, p. 281) is of the opinion that *Baryta* has a better claim to a place in the (Allopathic) *Materia Medica* than remedies which have a firmer hold. Hufeland prescribed it frequently. Rindfleisch is nearly right when he considers scrofula a *retrogressive metamorphosis*; and thus we understand how a remedy can act well in this constitutional state of faulty nutrition, as well as in diseases of old age. Chronic enlargement

of the tonsils and intermediate acute attacks are frequently observed in scrofulous persons.

GOITRE AND GANGLION — SILICEA EFFECTS.

Miss R., seventeen years old, whom I have repeatedly treated on account of scrofulous coryza with formation of crusts and painful inflammation of the alæ nasi, and rapidly cured with *Hepar sulph.* 12, has a slight swelling of the right lobe of the thyroid gland, showing itself as a tense semi-circular cyst of the size of a small apple. Menses have stopped for several months; the swelled gland caused no uneasiness till the patient caught, one day, a severe cold, and consulted me on account of pain in her throat. I found her in bed, slightly feverish, and complaining of head and face ache, with dysphagia. I found the fauces normal, but the swelling, already mentioned, was larger, somewhat reddened, harder, and sensitive. The pain of swallowing was felt deep in the throat, plainly in the pharynx and the affected muscles. Copious perspiration, tongue covered with a thick, yellowish-white coating, foul breath, and repeated chills, were the symptoms. *Belladonna* cured the dysphagia; *Bryonia* the head and face ache; *Spongia* cured vertigo, great debility, and pressure in the stomach. After a few days I observed on the exterior side of the left wrist a ganglion, a tense, thick-walled cyst of the size of a hazelnut, which I found, on inquiry, had already existed for a long time, but used to be of a smaller size. All these symptoms corresponded to *Silicea*, and carelessly I prescribed, *during a growing moon*, June 22d, *Silicea* 16, two drops; June 24th, one drop; June 27th, two drops. An enormous aggravation followed. The swelling became larger and harder, more red and painful; on the 29th of June (*full moon*), it had the size of a man's fist. The redness of the skin extended far over the swelling down to the clavicles, strongly reddened and infiltrated with a stiff exudation, so that it was impossible to raise the skin in a fold. The contour of the neck was thus lost, and it felt as *hard as a board*. The head was drawn strongly to the right side, and could not be straightened, as every attempt caused severe pain. The patient also complained of severe pain in the nucha, was very irritable, and given to crying. *Belladonna* acted favorably on the spasm of the muscles, so that the head could be straightened again, but the remedy had to be repeated every morning or the tension reappeared as soon as she left the bed. Her continual moaning induced me to antidote it, July 3d, with *Hepar* 12, a drop every two hours. Rapidly the tumor decreased henceforth, and July 14th (*new moon*) it had reached its former size. I was now convinced that it would entirely disappear, and gave, July 20th, on account of continued *Silicea* disease showing itself by severe watery diarrhoea with colicky pains, heavily coated tongue, foul breath, pain in the trachea, copious perspiration, great debility and irritability, a rather small dose in the form of four pellets of *Silicea* 16, when all bad symptoms ceased at once, and, August 1st, only a small swelling of the right glandular lobe could be perceived. In the course of a week this also disappeared, so that absolutely nothing abnormal could any more be felt. As I supposed, the remedy also acted on the cystic tumor, which became smaller and softer. August

2d I gave six globules of *Silicea* 7, and the tumor gradually decreased; during which time I repeated the remedy at the following intervals: August 10th, *Silicea* 8, eight globules; August 14th, *Silicea* 16, six globules; August 29th, *Silicea* 7, six globules; September 8th, *Silicea* 30, six globules; September 28th, *Silicea* 7, six globules. Experience teaches me that just this change in the potencies is a powerful adjuvans in the cure. From time to time slight aggravations set in, or rather alternate actions, in the formation of small vesicles on the nose or chin, or soreness of the *alæ nasi*. Her general health was excellent, and not a trace left of the swelling on the neck. The ganglion was only the size of a sixpence, and perfectly flat. September 28th she took *Silicea* 7, although the nostrils were internally very sore; the following week the eyes were for several evenings strongly ingested with excessively copious lachrymation. October 6th, the eyes were well again, but the nose was still sore, and the ganglion could still be felt under the skin. I gave her then, for the first time, *Calc. carb.* 16, nine globules on the tongue. October 11th, the ganglion had shrunk to a hard nodule of the the size of a pea, without any fluid. Another dose of *Calc. carb.* 7, ten globules. October 15th, the nodule was somewhat painful on pressure, but a few days afterwards it had entirely disappeared.

PHYSIOLOGICAL ACTION OF SILICEA AND HEPAR.

It took three polychrests to cure this case. According to Schussler, *Hepar sulph.* (*Calc. sulphurica*) acts on the connective tissue, and acts well where there is a want of regenerative force for the nervous tissues. We find suppuration in *Hepar* as well as in *Silicea*, but the indications differ, for *Hepar* promotes it when inevitable, and reduces it to a speedy termination, whereas *Silicea* only reduces an excessive and prolonged suppuration. Virchow considers suppuration as a pure process of luxuriation, by means of which superfluous parts are produced, which do not acquire that degree of consolidation or permanent connection with each other, and with the neighboring parts, which is necessary for the existence of the body. Pus is, therefore, the transformed and dissolved tissue. But this process of luxuriation also takes place in the formation of all neoplasmata, and especially in those of a benign character *Silicea* takes the front rank. Hygroma patellæ, ganglions, sebaceous tumors, et id omne genus, have often been removed by the steady use of *Silicea* without resorting to the knife for their removal; its reputation in whitlow and in-growing toenail is well earned, but we must not forget that it reveals the same curative power in deep-seated constitutional affections with impaired nutrition, exhaustion of nervous motive power, and simultaneous exalted sensibility. The action of *Silicea* is deeper and slower than that of *Hepar*, and we find it, therefore, more frequently appropriate to chronic diseases; and whenever applied with benefit in acute attacks it will be found that they take place in persons constitutionally affected by some taint. *Hepar*, on the contrary, acts well in acute as well as in chronic diseases, for the great field of that remedy lies yet in the zone of inflammation, whereas *Silicea* deals more with the subsequent changes

taking place after the inflammation has run its course. *Hepar* is able to arrest the tendency to effusion in the inflammatory stage, and thus checking its further progress, may lead to restoration. *Silicea* deals with established facts, produces absorption in the indurated tissues, thus enabling them to return to their normal state.

Whereas Ruckert compares *Hepar* with *Belladonna* Teste calls *Silicea* the chronic *Pulsatilla*. We may feel astonished, therefore, to find nervous symptoms far more prevailing in *Silicea* than in the *Hepar* patient with his torpor, with his slow character and want of energy, whereas the *Silicea* fellow may feel exhausted, yet there is pluck in him, as shown by the erethism which prevails in all his actions. In fact, in spite of exhaustion, the will-power will show itself triumphant over the exhaustion. Nervous disorders may be cured by *Silicea*, but we hardly find any indication for *Hepar* in order to diminish irritability or control spasm.

Considering that *Silicea* is widely diffused all over nature, and that we can hardly drink any water which does not contain traces of it, and that many plants contain it in large quantities, we do not wonder that *Silicea* influences nutrition rather than the functional activity of the tissues which come within its sphere of action. It is to our school a remedy with which many a triumph has been achieved, and it is to the regular school, even to-day, after we have used it for nearly a century, still a *terra incognita*, for even a Kussman (Heriman's Physiology, p. 49) remarks that "much insoluble matter passes through the organism without acting on it; that we find *Silicic acid* in the ashes of the lungs and bronchial glands from the inspiration of sand dust." But Barzelius also found it in the urine and in the blood, and according to others, traces of it are also found in bones, in hair, and in some other parts of the body. Schuessler is right to consider this polychrest a tissue remedy, but the insoluble must be made soluble, so that the atoms may combine with other atoms, and healthy tissue be re-established where diseased tissue formerly held its sway.

NEW YORK.

S. LILLIENTHAL.

TYPHO-MALARIAL FEVER.

In reply to Prof. J. C. Morgan, in reference to typho-malarial fever, I would say that in this city we had considerable, and among the Allopaths very fatal. At the state prison in the southern part of this state, of fifteen cases attacked seven died. I have nothing definite of the city practice.

I had three cases in one family, one about seventy years old proved fatal in about a week. All my other cases, seven or eight, were convalescent in from two to six days, but it was sometime before they recovered from the great prostration, although sick so short a time.

I kept no notes of the cases I treated and consequently cannot give the details accurately. They all commenced with a chill followed by

violent fever continuing nearly twenty-four hours before any remission occurred. There was vomiting in all, and purging in most of the cases; violent burning pains in the stomach; insatiable thirst; drinking followed by vomiting and semi-delirious, tossing about in the most terrible anguish. The *tout ensemble* was a perfect picture of *Arsenicum* which given in the 30th potency gave prompt relief, with the exception of the fatal case.

I learned from a medical friend who was present at a post-mortem which was held at the prison, that in the cases examined, there was ulceration of Peyer's patches and the solitary glands, and the mucous lining of the stomach slightly inflamed. The symptoms of the cases at the prison were similar to those of my patients.

Nearly all of the intermittents at that time had symptoms very much like those mentioned, indicating *Arsenicum* which given in the 30th left nothing to be desired.

At the same time there was a great deal of cholera infantum, in which *Ars.* 30th also worked well. But in several cases where relapses occurred, although the same symptoms were present yet the 30th did not help at all. In these cases I gave the 1000th (Tafel), which cured immediately.

Yours very respectfully.

A. McNIEL.

JEFFERSONVILLE, Ind., Jan. 15, 1875.

DISCUSSION ON PREVAILING DISEASES AND FLOODING.

BY THE CHICAGO ACADEMY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

TREMONT HOUSE, Jan. 14, 1875.

L. C. Grosvenor, M. D. Vice President in the chair.

Dr. R. N. Tooker had met some cases of measles recently. They seemed mild. Have one case of whooping-cough that perplexed him. It seemed stubborn. None of the remedies that seemed indicated took hold.

Dr. D. A. Colton had controlled such cases with *Dros.*, tincture, five drops to a dose.

Dr. A. W. Woodward had found *Rhus* to meet such cases. *Rhus* seemed to be an epidemic remedy just now. The cases that perplexed him were those of epidemic catarrh with rheumatic complications now so prevalent. In addition to the coryza and bronchial cough, there was a great deal of muscular pains, especially in the cervical, dorsal and lumbar regions. The stitching pains would be followed by an almost paralytic condition. *Nux* helped some of the cases, *Rhus tox.* did not do much, but *Rhus rad.*, where pains wandered, gave prompt relief. Never gave this remedy so often as had in the last few weeks. Was sorry to confess that he had to give *Quinine* to wind up some of the cases. The pains in the neck, prostration, and the loss of appetite were so persistent that he resorted to it in sheer desperation.

Dr. H. B. Stout had found *Puls.* to work well in just such cases.

Dr. Woodward had not found *Puls.* effective except in a few cases.

Dr. Duncan had found *Rhus tox.* to control the rheumatic complications incident to the catarrhal fever. A case of torticollis where *Rhus* 1 internally and externally had afforded very prompt relief after *Nux* had failed, first gave him the hint. A case of intermittent torticollis with the coryza confirmed its value. This case would be all right in the morning but toward evening the neck would become stiff, the child was feverish but still could not be kept quiet. Here *Rhus* 1000 acted promptly after the lower had only partially helped. Had three other cases in the family where *Rhus* stopped the rheumatic pains, and the whole trouble in fact, so promptly that he had come to look upon it as the epidemic remedy.

Had found it of value as an intercurrent for the genius epidemicus, on the same principal no doubt as *Sulph.* or other anti-psorics are of value in so-called scrofulous subjects.

HÆMORRHAGES.

Dr. Woodward had more cases of flooding than usual. One case developed phlegmasia alba dolens. The right leg became numb and cold, then hot. The temperature would rise to 105 degrees in the morning and sink in the evening. *Amm.* controlled the temperature and the œdema of limb, *Hamamelis* helped some. But singular to relate when the leg improved a cough developed with rapid respiration and profuse green expectoration. *Amm. mur.* was now without effect. *Lyc.* did no good, but *Natr. sulph.* worked like a charm. To cure this case completely, gave *Quinine*. Counsel (Homeopathic) suggested *Quinine* and whisky.

Dr. Tooker thought it an *Apis*. case. As an Allopathic he had found *Quinine* servicable in just such cases.

Dr. Woodward said that this case being a hydrogenoid one, (according to Grauvogl,) suggested *Natr. sulph.* to him. In the cases of floodings he had found no benefit from *Nitric acid* or any of the acids, but more from *Kali carb.*

Dr. Duncan had been interested in the remarks, like Dr. W. he had been disappointed in *Nitric acid* this year. It seemed to do no good. *Ipecac* had done better. The tendency to a persistent flow, post partum, he had looked upon as incident to marked weakness. Here *Ars.*, *China*, or *Verat.* had afforded relief according to the symptoms.

Related one cause of flowing that he had met the second time. He found the nurse holding on to the cord, the child having been delivered, for fear it would slip back. He found the uterus distended with blood and the removal of the placenta was followed by a great gush of blood. *Ipecac* controlled this case after long effort. All contractibility of the uterus seemed gone, as the organ would roll about and expand unless forced to contract by manual compression. A bandage was useless. For an hour he held it firmly contracted while she slept. The *Ipecac* or sleep toned up the system so that the forcible contraction became permanent. In the other case only ice on the abdomen made the contractions permanent.

Dr. Grosvenor had not had a case of flooding for some time. He always was careful not to allow the whole body of the child to be delivered by one pain. He retards the child at the hips, and then the final contraction expels the breech, placenta and all.

Dr. Duncan stated that that expedient had been given to the profession in the *MEDICAL INAESTIGATOR*, Vol. VII, page 394, by Dr. L. B. Wells, of Utica, N. Y. It was a valuable hint as he had proved. He thought flooding entirely preventable.

Dr. Colton looked upon the case given by Dr. Woodward as of a scrofulous or syctic cachexia.

LACHESIS CURES CATALEPSY.

EDITOR U. S. MEDICAL INVESTIGATOR: Please correct an *error* found in your first number, on page 30. I did not say that *Lachesis* would cure epilepsy, but did say that it would always cure *catalepsy*. And I now repeat that it will always (I believe) cure catalepsy, and prevent its recurrence. Respectfully,

FORT WAYNE, Ind., Jan. 21, 1875.

G. W. BOWEN.

[Glad to make the correction. Still, *Lachesis* will cure epilepsy — when it corresponds to the symptoms.—Ed.]

A CASE of epilepsy of three years standing that had eight to ten fits daily, worse from 4 A. M. to 4 P. M., was stopped immediately by *Calc. carb.* 30. *Calc.* constitution plainly indicated. Yours Truly,
WALTER D. STILLMAN.

Materia Medica Department.

THE HOMŒOPATHICITY OF THE ELECTRIC CURRENT.

AN ENQUIRY AS TO WHETHER ELECTRICITY DOES OR DOES NOT
FOLLOW THE THERAPEUTIC LAW OF SIMILARS.

[Read before the Chicago Academy of Homœopathic Physicians and Surgeons, by R. N. Tooker, M. D., Chicago.]

EFFECTS OF LIGHTNING.

Some years ago while I was associate physician at the Green Mount Retreat, a lady was brought to that institution suffering from general hyperæsthesia. Her wakeful hours were rendered excruciatingly miserable by her exalted sensibility to sights and sounds, even those of the lightest and most trivial character. The playing of children in the

halls, the rattling of windows, the whistling of the wind, the shutting of doors, were all of them agonizing to her. Even the singing of birds was painful to her. A sudden shout, or the dropping of an object on the floor would startle her as much as the unexpected report of a pistol would one normally sensitive. The coming up of a storm of wind or rain would excite the most terrible apprehensions, while an ordinary thunder storm would almost throw her into spasms. Aside from this hyper-sensibility, which was not hysterical nor feigned, but real and actual, she appeared well, and so far as I could ascertain, was well.

My enquiry into her history elicited the fact that about a year previous, the house in which she was living at the time was struck by lightning and she was for a few moments rendered unconscious.

She was not, however, injured by the lightning, only momentarily stunned, and after a brief interval felt as well as usual, but gradually and subsequently developed this morbid sensibility of which I have spoken, and no amount of reasoning, or force of will, or medical treatment, which had been brought to bear upon her, had in any degree mitigated her sufferings, which, on the contrary, had steadily and persistently increased until she had reached the melancholy state in which I saw her.

At this time, though a graduate in medicine, I was just becoming interested in Homœopathy. I had acknowledged some of its facts and was beginning to grasp something of its philosophy. Applying so much of it as I then knew, to the case in hand, I reasoned (fallaciously I now see,) that, as an *over dose* of lightning (electricity,) had produced this disarrangement of her sensitive organism, if this law of similars holds true, here as elsewhere, a very small dose of *attenuated* lightning in the form of a very mild Induction Current, ought to undo the mischief and restore matters to harmony. I found my patient strongly opposed to the use of this agent, but overcame her objections and fears and soon had her immersed in an electric bath, the water being generally charged with a current so mild as to be, to me, almost imperceptible. It was however as much as she could bear at the time, though it was increased in strength subsequently, from day to day. This first bath produced a slight apparent amelioration of her sufferings, and each subsequent one more marked effects until after the lapse of a few weeks she was wholly and permanently restored.

This case, which is quoted from memory, did much to confirm my faith in Homœopathy, and is recalled to mind, now, after a lapse of nine years with the vividness of the cases treated last month or last week. Though the case is one so unique as to be of little practical value, it is however, an interesting illustration of the subject of my paper, viz :

THE HOMŒOPATHICITY OF THE ELECTRIC CURRENT.

The importance of a discussion of this question need scarcely be dilated upon. If there be one agent in the medical armamentarium of generally acknowledged power, about which, more than another there is diversity of opinion as to its *modus operandi*, its therapeutic action, it is electricity.

For more than a hundred years electricity, in one form or another, has been put to therapeutic uses. Every school of medicine has taken it up in turn; experimented with it, discussed it, and discarded it, or turned it over to quacks and empirics who have ever followed the main army of healers, and reaped profit from their abandoned impedimenta. Sometimes, as in the present instance, these camp followers have picked up the best weapons of the army, and have used them effectively, both to their own advantage and against the common enemy.

Notwithstanding all that has been written regarding the therapeutics of electricity it may be stated as a fact, that at the present time, we can learn almost nothing about it from published books. We know it has curative powers in certain cases and directions, but how it acts and why it acts thus and thus, the writers on electro-therapeutics have left us in profound ignorance. They have given us only untenable theories and vain speculations which they have from time to time advanced, to have them speedily demolished by intelligent criticism. So true is this that the later writers on electrical therapeutics have almost abandoned theorizing as idle and useless, and have contented themselves with a statement of facts drawn from practical experience. But this will not answer the ends or the needs of the scientific physician.

We cannot submit longer than necessary to the empirical use of an agent of such value as this, capable of such wide and varied application to human suffering. We must continue the investigation of phenomena till we know *hœc* it acts, and then we shall also know how and when to use it.

Is electricity the only erratic star in the firmament of medicine? Is it the only exception to law to be found in therapeutics? Or, is it a law unto itself; an exception to all other medicaments? Our brethren of the other schools have pursued the enquiry by the light of their favorite dogmas and have given it up. Let us pursue the enquiry for a brief space by the light of "*similia similibus.*"

It is verily believed that the failure to understand the action of this agent and to apply it to specific uses has resulted from pursuing the enquiry in the wrong direction. Electricity is not a purgative, it is not an emetic, it is not a revulsive, it is not an alterative, it is neither one nor all of these. Neither is it anything for which Allopathic nomenclature has a name.

It has no general application to disease, whether acute or chronic. It is not good for everything as even some writers on electro-therapeutics would have us believe. A recent manual of electricity "designed for students," gives specific directions for applying it in every conceivable malady, from chilblains to cancer, from teething to tetanus, from a transient borborigmus to capillary bronchitis. This writer would have us believe that electricity is a specific in all the maladies that assail humanity, from the hour of birth till the octogenarian drops into the grave from sheer old age.

But how absurd is such a position. Electricity is not a "cure-all." It is *a* remedy, not *the* remedy—not the one of all others, but one among many, and it will never take its true place in the materia med-

ica until we study its action as we study the action of other remedies, and learn its uses as we have learned them. And we shall never learn to apply it, or rather use it, intelligently, and with a feeling of certainty regarding its action till we abandon the "antipathic" or Allopathic mode of *experimentation*, in extreme cases of disease, "*trying*" it, after everything else has failed, but studying it in its physiological action in the healthy organism, and by the light thus shed upon its action, applying it in cases of disease.

HOW IT ACTS. .

If then we study electricity in the manner here indicated, we shall find that it has a three-fold power over the organism. We speak now of electricity in general.

First, It has a chemical action called electrolysis, by virtue of which it is capable of decomposing both solids and fluids, resolving them into their original elements. It is this power of electricity that is utilized in the discussion of morbid growths and in the resolution of tumors.

Secondly, It has the properties of a general stimulant with its concomitant properties of an anæsthetic.

That the current is stimulating in a high degree is a fact recognized by nearly every one who has used it, that it is anæsthetic is a question involved in much controversy. Althaus, Knorr of Munich, Revillout of Paris, and others, have strenuously maintained that it has positive anæsthetic properties, while others of equal authority have just as strenuously maintained the opposite.

The truth seems to be, as is so often the case, that both parties to the controversy are right. It has slight anæsthetic properties, but no more than belong to all stimulants. A slight benumbing effect which in some instances as we shall show further along may amount to a paralysis of the sentient nerves, but which generally does not amount to a true anæsthesia.

The Third power which electricity has over the organism, and the one with which we have specially to do to-night, is

ITS PATHOGENETIC ACTION.

As regards the two former actions or powers of electricity, all electrotherapeutists are in accord. At this point, however, we take a wide departure, and as a humble disciple of Hahnemann, claim that it has not only chemical properties, and not only the general properties of a stimulant, both of which, the former more especially, belong to the crude or basic principle, i. e., the Galvanic Current, but that it has, besides a higher and more important power than these, a dynamic power, which gives its sway over a class of diseases and morbid conditions, which it does not possess and cannot possess by reason of the properties named because it is not inherent thereto. It is this pathogenetic power of any drug or medicine which enhances its efficiency in certain cases and conditions by "*attenuation*."

If, for example, we apply a galvanic current of medium quantity and intensity to any portion of the body, especially over the muscles, the first noticeable effect will be a slight spasmodic contraction, and if the

current be increased in power this spasm will be more marked, and a rigidity will ensue, strongly reminding us of tetanus.

The second noticeable effect will be a redness and heat of the parts subjected to its influence. The muscle feels sore and tense and a drawing pain is felt very much like muscular rheumatism. If we apply such a current to the muscles of the lumbar region, the glutei and the psoas, the body is distorted and twisted, the hips are raised, and the shoulder is lowered to relax the tense and painful muscles just as we see in Lumbago. We have a perfect picture of one suffering from this affection. The subjective and the objective symptoms are precisely like it. The victim has a quasi lumbago, and I have never yet seen a case of recent lumbago that was not speedily curable by electricity. So in torticollis, intercostal, and other forms of muscular rheumatism. Electricity is Homœopathic to such a condition of the muscles and may, I think, be fully relied upon to cure it. The only question in a given case being the requisite strength of the remedy, or, as we shall learn to call it by and by, its *potency* or *attenuation*.

I may say *en passant*, that I have generally had the best success in such cases, with an induced current as strong as the patient would bear.

HOMŒOPATHIC TO MUSCULAR, AND NOT TO ARTICULAR RHEUMATISM.

Asserting, then, that electricity is Homœopathic, and hence is specifically curative in acute muscular rheumatism, we pass to enquire if it is also Homœopathic to *articular* rheumatism and we unhesitatingly answer *it is not!* •

Apply the current as strong as you please over an articulation, it produces redness and pain, but the redness and pain are superficial, not deep-seated. The current does not congest the joint, does not inflame its cartilaginous aponeuroses; it does not attract calcareous accretions, it does not produce or imitate the phenomena of articular rheumatism. *Neither will it cure it.* We understand by the word "cure" just what our patients understand by it: a riddance of it, a freedom from further annoyance from it. It may alleviate, palliate, relieve the pain and soreness in some degree, and thus render the patient more comfortable. But palliation is not cure, and is not generally accepted as such. It must be recollected that electricity possesses certain general properties besides its specific ones, as we have attempted to show.

It has the general properties of a stimulant with some anæsthetic properties superadded, and it is because of these that it is capable of alleviating when it cannot cure. Like other tonics, it is capable of arousing the dormant energies of the system and increasing vital reaction against disease. Applied about a painful joint it may alleviate the pain by its benumbing powers, and by stimulating the circulation relieve temporarily the stasis of blood which helps to cause it, and by its chemical or electrolytic action it may resolve to some extent the callosities that have gathered about the diseased joint. But that it has ever entirely and permanently removed such callosities or is capable of doing so, I am exceedingly skeptical.

I have treated some scores of cases of rheumatic subjects and have faithfully tried both the galvanic and the faradic currents, and while I do not now recall a case that was not more or less benefitted by palliation of the more grievous symptoms, I have yet to see the first case of articular rheumatism where any marked effect was produced on the rheumatic diathesis, or the essential nature of the disease.

I have a patient now under treatment who has had rheumatism for seven years. There is nothing unique about the case, the rheumatism is general and mainly articular. She has used electricity at various times during these seven years, and in different ways, and under different physicians, sometimes with apparent benefit and sometimes with apparent injury. I have myself used the galvanic and the faradic currents—the former over the metacarpal articulations, where she has experienced the most pain and swelling. I have to-day made the forty-first consecutive application. She is stronger than she was, eats and sleeps better, has less pain *except at times*, the callosities about the fingers are slightly diminished. Her improvement, though small, is entirely satisfactory; she has experienced as much benefit as she was led to expect at our first interview. But her disease is to my mind only palliated. She has rheumatism to-day as much as when she came to me, and as much as at any time during the past seven years.

In support of this position, and to still further show the relation which electricity holds to this form of rheumatism, I quote the following significant remark from Beard and Rockwell's *Medical and Surgical Electricity*, page 573. Speaking under the head of Rheumatism, they say:

“It is now established, that although certain stages of rheumatism, *especially the muscular*, and sub-acute, and chronic, when not of too long standing, yield sometimes rapidly to electrical treatment, yet it is by no means the leading or principal disease for which electrization is indicated.”

Other writers than these will give you specific directions as to the proper current to use and the proper mode of administration in this disease, but their directions when followed closely will result in failure in ninety-nine cases out of a hundred, and the one-hundredth case nature will cure herself and make no complaint that the credit of its cure is given to electricity.

[TO BE CONTINUED.]

LAPIS ALBUS VS. SILICO FLUORIDE OF CALCIUM.

BELLOWS VS. GRAUVOGL.

And now we are told by the great German authority, Von Grauvogl, that *Lapis albus*, a fancy name, is a remedy for scrofula and cancer. It is well that the remedy is recommended to us by so great a personage, and one entitled to our highest respect for the good he has done our cause, But just here let us ask whether, had the remedy in ques-

tion, however excellent, been brought to our notice by a much lesser light, we should have given it more than a passing thought. Common experience will make us say nay. Let us look at certain facts, and then let us judge to whom belongs the honor of introducing *Lapis albus*, or *Silico fluoride of calcium* into our list of remedies :

In the *American Homœopathic Observer*, for 1867, an article appears from the pen of the late A. J. Bellows, of Boston. From page 411 I copy the following : " In a paper on scrofula, written in 1865, I gave some hints to guide us in the selection of remedies for scrofulous diseases, founded on the combined elements of medicines found in the regions where these diseases prevail. I then intimated that, as fluoric compounds are found in Derbyshire, where goitre, cretina, and other scrofulous diseases prevail, we might expect that these compounds will be found useful in the cure of such diseases. On further inquiry I found that in these places fluorine was found combined with lime, and also with silex, which formed a compound very soluble in water, and therefore affecting all wells and springs of water in the region. I therefore employed a practical chemist to make a salt containing these elements in their natural combinations. The combinations proved to contain, calcium 14 parts, fluorine 55 parts, silicium 15 parts, and water 15 parts — a dry, impalpable salt, the scientific name of which should be *Silico Fluoride of Calcium*. I have used this salt in at least ten complicated cases, with very satisfactory results. In some cases, probably from imperfect diagnosis, I have been disappointed. * * * Since this statement was made, this salt has been tried by more than fifty physicians. I have reports of the cure of many interesting cases of tumors, and many other scrofulous diseases. * * *

" April 1, 1867. The above cases were cited in April, 1866, when the article was written. Another year of trial has greatly corroborated my favorable expectations, by results in at least forty cases, some of which have been very marked. And I have lately seen a statement incidentally made by Carleton, of the *Boston Journal*, now traveling in Europe, that 'the streams of water running down the mountain sides of Switzerland are milky-white from the fluor-spar, and lime mixed with the water.' It has long been known that Switzerland, next to Derbyshire, England, abounds in scrofulous swellings, especially goitre. This seems to me an important fact, proving conclusively that the fluoric compounds are the cause of these scrofulous affections."

Let me here say that for the past nine years I have had in my possession some of the third decimal trituration, and eleventh dilution of the *Silico fluoride of calcium*, which was given me by the late Dr. Bellows, and in cases of goitre it has done more than any other remedy I have ever seen used.

Now let us compare the words of Von Grauvogl (*See MEDICAL INVESTIGATOR* for October, 1874, page 530): " A professional call soon after brought me to the mineral springs of Gastein, situated in the valley of the Ache (Achen), which, starting from the foot of the Tauren mountain, flows in its precipitous course over formations of gneiss, forming imposing cascades of considerable magnitude. The

inhabitants of the valley along the river have thick necks, and often goitres of immense size."

Now, perhaps Von Grauvogl will not cling to his fancy name of *Lapis albus*, but give us the proper name for the remedy which he claims to have discovered, and tell us wherein it differs from that which is mentioned by Dr. Bellows. If it does not differ materially from the *Silico fluoride of calcium*, then the credit for the discovery of it certainly belongs to Dr. Bellows, for it was publicly noticed in a medical journal of some considerable circulation, seven years before any mention was made of it by Von Grauvogl. In reading the articles of the two claimants, one is struck by the similarity of reasoning employed by each. Dr. Bellows gives two regions of country, while Grauvogl only gives one. Let us know what *Lapis albus* is.

SAN FRANCISCO, Nov. 30, 1864.

G. M. PEASE.

HEART EFFECTS OF BOVISTA AND BROMINE.

BY E. M. HALE, M. D., CHICAGO.

BOVISTA.

Clinical Indications.—"Affections of the heart: palpitations, arising from an organic affection of that organ."—(Noack & Trinks).

Motor Symptoms.—Palpitation of the heart, visible, with burning in the region of the sternum, with giddiness and headache, tremor and visible palpitations near the clavicle.

Sensory Symptoms.—Cutting, burning in the middle of the chest. Stitching from the fore to the back part of the chest, worse during inspiration.

Concomitants.—See above, also congestion of blood to head; heat; thirst; and itching in the right eye. Weight and apprehension in the chest.

Observations.—No clinical observations have appeared to verify the above recommendations and cannot give any information as to the kind of cardiac disorders for which *Bovista* is indicated.

BROMINE.

Clinical Indications.—"Hypertrophy of the heart." "Inflammation of the heart."

Motor Symptoms.—Slight oppression about the heart, and palpitation of the heart. Violent palpitation in the evening, which does not permit her to rest on the left side.

Sensory Symptoms.—Stitches in the chest. Oppression. Congestion.

Concomitants.—A peculiar feeling of weakness and exhaustion in the chest. A peculiar dyspnoea, aggravated by walking or going up stairs, (in a young girl of sixteen), caused by the 30th (see Symptomen Codex). This may have been from cardiac hypertrophy with dilatation.

Ameliorated.—During riding in a carriage in the open air. By lying on right side or back.

Aggravated.—By lying on the left side. From evening till midnight. From walking fast or going up stairs.

Percussion.—As in hypertrophy.

Auscultation.—As in hypertrophy.

Observations.—My own experience with *Bromine* in cardiac diseases has been slight, and I am inclined to doubt its efficacy. It is said that hypertrophy has been cured by the 30th. Dr. Thayer, of Boston, values it very highly, in the 10th dil., in hypertrophy, and he has reported several cases, the most notable of which will be found in the INVESTIGATOR, Vol. XI, p. 17.

HAHNEMANN COLLEGE PROVERS' UNION.

OFFICERS.

Presidents—E. M. Hale, M. D., *ex-officio*; N. B. Delamater, M. D.

Vice-Presidents—T. S. Hoyne, M. D., T. C. Duncan, M. D., C. N. Hazleton.

Recording Secretary—C. W. Cook.

Corresponding Secretary—J. S. Maxon.

Censors—J. S. Mitchell, M. D., Professor of Theory and Practice of Medicine and Clinical Medicine; E. M. Hale, M. D., Professor of Materia Medica, and Therapeutics of New Remedies; T. S. Hoyne, M. D., Professor of Materia Medica and Therapeutics.

CONSTITUTION.

PREAMBLE.

We, the undersigned, believing in perfecting our Materia Medica, and believing that well-directed, earnest, and united effort in this direction will promote our own interests, the cause of Homœopathy, and the welfare of mankind, do hereby unite under the name of THE HAHNEMANN COLLEGE PROVERS' UNION, and adopt the following Constitution, pledging fidelity to it, and to each other.

ARTICLE I.

The object of this society shall be to improve and enlarge the Materia Medica Pura by provings of drugs, by clinical researches, and by reporting cases of poisoning.

ARTICLE II.

• QUALIFICATION FOR MEMBERSHIP.

SECTION 1. Any person of good moral character may become a member of this society by a vote of a majority of the members present at any regular meeting, and by signing the constitution.

SEC. 2. The society may elect honorary members at any regular meeting; but no one shall be elected an honorary member who has not published, or contributed to this society, the proving of some drug.

ARTICLE III.

OFFICERS.

SECTION 1. The officers shall consist of two Presidents, three Vice-Presidents, Recording Secretary, Corresponding Secretary, who shall also be Treasurer, and a Board of three Censors, all of whom shall be elected by ballot at each annual meeting.

DUTIES OF OFFICERS — PRESIDENTS.

SEC. 2. It shall be the duty of the Presidents to preside at all meetings of the society, in the order of their election, if both are present, and to deliver, or cause to be delivered, at the annual meeting an address or lecture upon *Materia Medica*, or some of the collateral sciences.

VICE-PRESIDENTS.

It shall be the duty of the Vice-Presidents to preside over meetings in the absence of the Presidents, in the order of their election, if more than one are present, and to perform such other duties as might have been required of the Presidents.

RECORDING SECRETARY.

It shall be the duty of the Recording Secretary to keep a full and complete record of all the transactions of the association, and to keep on file, or record, in a proper book, all provings which may be reported to him by the members, and all clinical cases, and all cases of poisoning.

CORRESPONDING SECRETARY.

It shall be the duty of the Corresponding Secretary to give due notice of all meetings of the society, to distribute to members all drugs to be proven, and to endeavor to awaken and sustain an interest in the objects of the society.

THE CENSORS.

The Censors shall be graduates in medicine, and no transactions or papers shall be published without having been approved by them.

ARTICLE IV.

MEETINGS.

The President may call meetings from time to time as occasion may require; but the annual meetings of the society shall be on the first of November, due notice of which shall be given by the Corresponding Secretary.

ARTICLE V.

FINANCES.

The expenses of the society shall be met by a tax upon the members at the annual meeting; but no expense shall be incurred by the Treasurer except upon a vote of a majority of the members present.

ARTICLE VI.

DUTIES OF MEMBERS.

SECTION 1. It shall be the duty of each member to make a proving of at least one drug each year, in the manner hereinafter set forth, and to present a written report of the same at the annual meeting; to make a record of any disease cured by a single remedy which may come under his notice, or of any instances where symptoms, isolated or in groups, have been removed by any remedy, and to report all cases of poisoning which may occur within his personal knowledge, to the Corresponding Secretary, with notes of the treatment, and where it is possible, of the *post mortem* examination.

SEC. 2. It shall be the duty of the members to attend the annual meetings when practical.

ARTICLE VII.

MANNER OF PROVING.

Before proving a drug, the prover shall note for two or three days any symptoms which may present themselves, and then shall commence the proving by taking a moderate dose of the drug to be proven. At the end of forty-eight hours, if no symptoms present themselves, another dose may be taken; but the dose shall not be repeated as long as any symptoms are observable. During the proving a record shall be kept of the symptoms occurring, stating as exactly as possible the precise locality of the symptoms, the conditions under which they are aggravated, relieved, or removed—such as different positions of the body, states of mind, periods of day or night, variations of weather, and any and everything else which may tend to affect the system. Where it is possible he shall submit himself to another member of the society for inspection, that the objective symptoms may be more accurately examined, and shall test the urine both as to quantity and quality. During the provings, also, he shall abstain from everything which may overtask or over-excite either mind or body, and use every precaution possible to keep both mind and body in a state as nearly normal as possible. He may vary the attenuation or size of the dose at will, but must not go from one form of the drug to another till at least a month has elapsed, unless the remedy is known to be one of transient effects. He will be at liberty to prove any drug which he may prefer, but not till he has made a thorough proving of the drug or drugs chosen by the society at its annual meeting.

In connection with the proving, it shall be the duty of the prover to take full and accurate notes of any cases treated solely by any of the drugs in question, and report them at the annual meeting, with its provings. He should also, as far as possible, administer the drug, or drugs, chosen to others, especially women or children, that he may observe their effects upon them.

ARTICLE VIII.

PUBLICATION OF RECORDS.

The records of the various provers shall be presented to the Censors as early, at least, as the annual meeting, and if possible thirty or sixty days before; and each proving shall be accompanied by a full statement of the age, sex, habits, temperament, and occupation of the prover. It shall be the duty of the Censors to prepare for publication such provings as seem the most complete and characteristic; and they shall in no case publish the records of any prover not known to them to be both intelligent and truthful.

NAMES OF MEMBERS.

E. M. Hale, M. D., Chicago.	J. S. Mitchell, M. D., Chicago.
T. S. Hoyne, M. D., Chicago.	N. B. Delamater, M. D., Chicago.
T. C. Duncan, M. D., Chicago.	J. S. Maxon, Walworth, Wis.
C. N. Hazleton, Wilmington, Ill.	J. Lewis, Jr., Milwaukee, Wis.
C. W. Cook, Ft. Wayne, Ind.	A. P. Wells, Tonica, Ill.
C. Nauman, Naperville, Ill.	D. A. Sykes, Naperville, Ill.
G. W. Randall, Rensselaer Falls, N. Y.	F. Duncan, Chicago.
H. S. Knowles, Avoca, Iowa.	D. E. Cranz, Akron, Ohio.
C. H. Ludwig, St. Joseph, Mich.	J. M. Byler, Warsaw, Ind.
H. A. Brooks, Dartford, Wis.	E. T. Marston, Grand Rapids, Mich.
W. T. Ralston, Hillsborough, Ill.	E. W. Higgins, Chicago.
W. H. Wilson, Fond du Lac, Wis.	J. M. Welsheimer, Ft. Wayne, Ind.
E. H. Grannis, Red Wing, Minn.	Q. O. Sutherland, Homer, Wis.
H. P. Gatchell, Jr., Kenosha, Wis.	R. F. Lowry, Woodhull, Ill.
J. Stringham, Portland, Mich.	J. L. Harris, Battle Creek, Mich.
E. Gaffney, Chicago.	L. E. Whitney, Wendsor, Mo.
Mrs. E. H. Stevens, Chicago.	S. Jackson, Chicago.

Surgical Department.

SOME OPHTHALMIC COMMENTS.

CONTINUED FROM PAGE 94.

CASE III. Cataract, man, age about forty, right eye, proceeded from an injury. Iris adherent. Lens lifted out with a hook. Slight prolapse of vitreous body and iris. After operation put to bed. Acon. given in water. On examining the eye in seven days corneal wound healed, iris replaced; *vitreous body not apparent*, but trembling of the

iris; vision very confused but could distinguish large objects in the darkened room. Gave *Staph.* 30th, a dose a day for six weeks. *Eye fully recovered* and tremulousness of iris gone.

Here is a case in which remedies were administered after an operation. This is for the benefit of persons not familiar with Homœopathic after treatment in surgery. Note first that *Aconite* was given in water. In seven days what a result compared with the disasters that might have occurred without it! Chief among the points named observe that the vitreous was not apparent. Passing strange!

Any one who has seen vitreous humor would scarcely wonder at its disappearance from the lips of the wound. Why this point should have been so carefully recorded, and further on not a word about vision as the result of forty-two doses of *Staph.* 30th is not clear. Even without *Staph.* 30th a great many eyes "fully recover" in less than six weeks.

In Case IV are a number of points that should receive attention, but must be passed over. We are left to suppose it to be a case of diabetic cataract in a woman aged forty-three. On the sixth day after extraction, heat and pain in the ball of the eye led to an examination. The anterior chamber was found "filled with lymph." The operator suggests "conjunctivitis and probably iritis." *Probably iritis!* Is it possible that there could have been a shade of doubt about this diagnosis? This patient is still under treatment with no hope of cure. *Acon.*, *Rhus.*, *Nux v.*, and *Merc.*, we are told were given at various times, but failed to cause absorption. Does this case illumine any obscure pathology or encourage any one to boast of the superior advantages of our remedies after an operation? Why not at least say what potencies and how often given if the case *must* be reported.

CASES V and VI. Mere mention that cataract was operated upon.

In summing up the six cases they are called three cures and three failures. The points of interest in operations for extraction of cataract as generally regarded are: 1. The section; what tissue does it pass through, what its shape, and extent? 2. Is iridectomy performed and how much iris is excised? 3. What dressing? 4. What after-results including accidents, inflammations, and vision? In determining vision test types are used in order to speak with exactness. It will be observed that none of these points have been touched upon in the cases referred to; also that they fail to come under the head of any of the objects of the article as laid down in the opening remarks.

We are told that in none of the cases was *Atropine* used locally, and that to Haynes Walton belongs the credit of first giving him the hint. He (Walton) says, p. 419: "The state of the pupil, whether artificially dilated or not, can have little effect either in placing the iris out of the reach of the knife or in throwing it in the way." How far a *hint* may be stretched is well shown here. Walton may be right in what he says, and yet the writer have no warrant whatever in leaving *Atropine* out of an eye in which he has operated "per solution." When the capsule of the lens is lacerated, the aqueous humor causes the lens tissue to swell and necessarily press upon any surrounding parts that may be in the way. If the laceration is too free there is great danger of iritis, even

when the iris is as far removed as is possible by strong solutions of *Atropine*. Infinitely more so if it were allowed to occupy its normal position.

In performing the old flap extraction, even though the *Atropine* did not keep the iris in the way or out of the way of the knife, it certainly did permit the lens to pass through the pupil with less bruising of the iris than would otherwise occur.

It will be noticed that in the two cases of soft cataract operated upon "per solution," no mention is made of more than one laceration of the capsule, although the first occurred in a woman forty years old. At that age physiological senile changes are usually manifest. The nucleus of the lens is hardened, or atrophied, and a pure type of soft cataract is hardly to be looked for. This dense centre requires more time than the softer matter around to become absorbed, and frequent lacerations are the rule.

If the remedies *Aconite* and *Staph.* 200th, one dose a day, will do away with the necessity of more than one operation, by all means let it be known and emphasized. Such experience is unique.

If *Aconite* and *Staph.* will effect a *perfect cure* (what does that mean here?) in a colored man's or a white man's cornea, after its staphylo-matous apex has been removed, it is a result so uncommon that it deserves very much more than a passing notice. Case VII purports to be such an one. The most brilliant operations yet performed for conical cornea in which only a small elliptical-shaped piece of the tissue is removed, have been followed by a slight scar. The result has not been *perfect*. But of course these operators were unacquainted with the efficacy of *Aconite* and *Staphisagria*.

CASE VIII. Laceration of cornea from a chip of wood with prolapsed iris. "From below upwards" are the dimensions given of the extent of the wound which under *Aconite* and *Staph.* healed in ten days *without a scar!* These two cases do have some bearing on the text of the article. But Case VII, at least, cannot be read without wondering why the writer did not anticipate a little of the incredulity which he himself must have in meeting such things for the first time. 'Twould make one feel easier in the acceptance of it as fact.

CASES IX, X, and XI, are dismissed with a word. All strabismus, occurring in children. No mention of the variety or amount. No ages. No causes. No vision given. We are told that after the operation and *Aconite* and *Staph.*, all three were straight but vision imperfect in two; that *Stan.* restored one and *Spigelia* the other to perfect vision. Why were they given, and for how long? By what standard was vision measured and pronounced perfect?

The object of this criticism is to call forth a fuller report of some of the cases that all may have the benefit of the truth they seem to contain, and the remedies used estimated at their proper value; to insure in future, if possible, more careful reports, in which attention will be given to details, and pains taken to be exact; and to prevent the hasty acceptance of certain statements as fact, until they have been viewed from another standpoint.

W. H. WOODYATT.

NECROSIS OF THE LEFT TIBIA.

Master B., aged sixteen years, German, lymphatic temperament. Came last spring to consult me about his son's leg. Eighteen months since he bruised his limb by falling. A week or ten days after the accident he noticed that his limb was very sore, and it grew worse day by day, and finally began to discharge a thin, excoriating, watery pus. There were two openings, large enough to admit a good sized goose quill. The discharge continued day and night. Master B.'s father had consulted several physicians of the physiological school and they unan- imously agreed to remove the diseased bone by an operation. When the case was mine, I promised them a cure with Homœopathic medicine. I gave him *Silicea* 6th and 200th, to be taken every other night, alternating. In less than a week there was a marked change for the better. Spiculæ of bone were thrown out every few days. Tenderness disappeared; the pale, excoriating discharge was changed to a healthy pus. The cure required six months.

What a wonderful tendency to inflammation this year! Felons, boils, carbuncles, and abscesses abound on every hand. How can you account for it? *Bell.* 200th, *Silicea*, and the lancet, are my remedies. I use the latter remedy when the other two have *ripened* the disease.

LANSING, Iowa, November, 1874.

J. W. DAVIS.

Sanitary Department.

STATE MEDICINE.

A PROTEST BY THE AMERICAN INSTITUTE OF HOMŒOPATHY.

[The following explains itself. We hope our readers will take prompt action, as the matter is one of vital importance:]

DEAR SIR: A bill has passed the House of Representatives and is now before the Senate Committee on Commerce, entitled:

An Act to prevent the introduction of Contagious or Infectious Diseases into the United States.

It proposes to constitute the Surgeons-General of the army and navy and the Supervising Surgeon of the marine-hospital service, *ex officio*, a kind of National Board of Health; to give them authority to establish regulations to be observed by vessels or *vehicles* conveying merchandise, persons or animals into *any port* of the United States, and by passengers upon such vessels or vehicles; and to prescribe the time,

manner and place of performing quarantine by vessels, persons and goods.

These regulations are not required to be submitted to Congress for approval, but simply to the President.

To execute the duties arising out of this Act, the President may detail army, navy and marine-hospital surgeons; and he shall instruct all other departments of government to assist and co-operate in enforcing the regulations adopted by the Board (43d Congress, 1st Session, H. R. 2,887).

Thus Congress is to divest itself of a most important and delicate part of the power "to regulate commerce" vested in it by the Constitution, and to bestow it upon three military medical men, holding office for life, unless disqualified by court-martial, and whose rules and procedures are not even to be submitted to Congress, but simply to their superior officer, the President.

Nor is Congress to have, over this Board, even the indirect control which vests in "the power of the purse." The Board and its agents being all detailed officers of the army, navy, and marine, are already paid as such.

The Representatives of the people are to have no voice or influence in the appointment of those who are to control and execute this most important business. The President is to detail subordinates from the medical staff of the army and navy.

And the whole force of the Executive Department is to aid and sustain them, under the orders of the President.

Medical men, not necessarily, nor probably, conversant with the procedures and needs of commerce, are to be vested with absolute control over vessels, merchandise, and passengers in our maritime and frontier ports. And an army surgeon who has spent his professional life among the Indian traders of Wyoming and Nevada, and has gained his experience of mankind at the frontier posts of the country of the Sioux and Comanches, may be detailed to direct, and by the power of the army and navy of the United States to enforce quarantine upon hundreds of thousands of sea-worn immigrants, and the home-coming families of our citizens!

Such a permanent lodgment of arbitrary power in irresponsible agents, not likely, *a priori*, to be especially fitted for its discreet and judicious exercise, is not to be found in the legislation of even the most despotic country!

As citizens, and as members of the medical profession, we protest against it.

And the undersigned, the Committee on Legislation of the American Institute of Homœopathy, the oldest National Medical Association in the United States, and which speaks in the name of five thousand legally qualified physicians, whose clientage includes many millions of our citizens, protest against this bill as part of a measure initiated simultaneously in the Congress of the United States and the several State Legislatures, and which, if consummated, will seriously infringe upon our rights and liberties, and those of our clients.

Simultaneously with the introduction of this bill into Congress, bills were submitted to the State Legislatures throughout the Union, and have become laws in seven States, creating State Boards of Health, with almost unlimited powers in matters of sanitary concern, and with virtually equal powers over the practice of medicine, and over institutions for medical education.

A practical effect of the creation of such Boards is illustrated by the action of the Texas State Board, one of whose first acts was the adoption of a rule prohibiting the practice of medicine by any "*save graduates from medical colleges entitled to representation in the American Medical Association;*" this "American Medical Association" being a voluntary association of physicians, distinguished by a bitter sectarian spirit, and of which actual or retired army surgeons are the most active and intolerant members.

And the spirit and intent of the efforts to establish this National and those State Boards of Health is illustrated by the report of Dr. Stephen Smith, of New York, President of "The American Public Health Association," at the recent meeting in Philadelphia (November 1874). He says :

"There is a new element in our political system which is destined to become a power of no mean import, in the PUBLIC HEALTH SERVICE. In every State in the Union the agitation has begun. * * * Already in no less than seven States has STATE MEDICINE found an abiding place, and in the CENTRAL GOVERNMENT. * * * Every State ought, under the *guidance of competent medical authority*, to take charge of all the schools of medicine and surgery within its borders, regulate their courses of study, and confer degrees upon candidates, and thus establish a uniform standard of medical qualifications * * * We recognize in this new element of the State the same power which, in the Roman Commonwealth and Empire, gave medicine Imperial rank," when the recognized medical authorities "were fully empowered to enforce the most thorough medical education, and to suppress all forms of irregular and irresponsible practice."

The Homœopathic physicians of the United States are as earnest as those of any other practice in their desire to elevate the standard of medical education. The American Institute of Homœopathy was the *first* national society to recommend, and the Homœopathic medical colleges were the first to adopt an improved curriculum of medical studies.

And they do not admit, in their Allopathic brethren, a greater devotion to sanitary reform and to the legitimate objects of a Public Health Association.

They point to the concession by high Allopathic authorities that Homœopathy has done more than anything in modern times to ameliorate the practice of medicine, and to develop the study of an enlightened hygiene. And they call attention to the original organization and membership of "The American Public Health Association," in which eminent Homœopathic and liberal physicians and laymen were conspicuous. By a revolutionary movement, in which, again, army

surgeons were prominent, this organization was abolished, these members were dropped, and the association was seized upon and perverted to partisan objects, which are explained in the report of Dr. Stephen Smith, embodied in the bills now pending in Congress and the State Legislatures, and illustrated by the action of the Texas State Board.

The Homœopathic members of the medical profession will be always ready to support and participate in honest measures for the public welfare; but they deprecate the establishment of a "State Medicine" as they would that of a "State Religion;" and they hold that "while doctors disagree, and learned men denounce each other's systems, the State must hesitate about conferring exclusive sanction upon any school of medicine or any body of the profession."

They do not see in the institutions of the Roman Empire an example worthy of imitation by the American Republic; nor in the history of Roman medicine, or of the Roman people, anything to excite the emulation of the American Medical profession or people.

They protest against the concession of "Imperial rank" to any persons or profession in this free country.

In the name of their clients, embracing millions of the most intelligent and patriotic citizens, who, in the exercise of an unquestionable right, choose to entrust their health and lives to legally qualified physicians whom certain societies assume to stigmatize as "irregular," they protest against enactments clothing any "medical authorities" "with power to suppress" (what they may please to consider) "irregular practice."

And finally, they protest against the creation of boards which might at any time, in the spirit of the military men who conceived the scheme, proclaim them medical "banditti," and dispose of their professional liberties by "drumhead courts"—medical.

ROBT. J. McCLATCHEY, M. D., Philadelphia.

J. P. DAKE, M. D., Nashville, Tenn.

I. T. TALBOT, M. D., Boston.

T. S. VERDI, M. D., Washington, D. C.

E. M. KELLOGG, M. D., New York City.

H. M. PAINE, M. D., Albany, N. Y.

E. DARWIN JONES, M. D., Albany, N. Y.

WM. H. WATSON, M. D., Utica, N. Y.

Committee on Legislation of the Am. Institute of Homœopathy.

COMMITTEES ON PUBLIC HEALTH.

The Chicago Academy of Homœopathic Physicians and Surgeons, at a recent session, after discussing the great importance to Homœopathic patients and the public of having a committee to look after the sanitary interests of Chicago and vicinity, adopted the following:

Resolved. That a Standing Committee on Public Health be appointed, consisting of three for each division of the city, and three from the suburbs, making twelve in all.

The members of this committee we will be able to announce in our next issue.

The expression of the members was that some plain, practical suggestions on private and public hygienic subjects from such committees would have great weight with the people.

Biographical.

"Lives of great men all remind us,
We can make our lives sublime;
And, departing, leave behind us
Foot-prints in the sands of time.

JABEZ P. DAKE, A. M., M. D.

There is great energy, intelligence, and activity, in that lofty, full, deep, and broad brain. Nobleness of purpose, clearness of thought, profundity and great breadth of views, are its characteristics. It is particularly strong in the study of causation, and will no doubt yet render the profession great service in the almost unexplored field of etiology. With this strong bias such a brain would absorb Homœopathy almost intuitively, and a strong sense of justice would lead, as it has led, Dr. Dake to be a noble champion. Had he chosen literature, his large ideality, active imagination, and love of the sublime, would have made him a beautiful, fascinating, and powerful writer. But he is practical and philanthropic. His large benevolence and well developed social faculties bends all his energies to alleviate and prevent human suffering — and to practice medicine Homœopathically. He is neither a radical nor a conservative, but is progressive, and will always stand high in the confidence of the most intelligent and best people in any community.

J. P. Dake, M. D., now in extensive medical practice in Nashville, Tenn., was born at Johnstown, N. Y., April 22, 1827. His father was a physician and, so also, were three of his brothers. The first of the family to embrace Homœopathy was the second brother, C. M. Dake, M. D., late of Rochester, N. Y. Though greatly ridiculed by his father and brothers for embracing the "sugar-pill" practice, he had the pleasure, before 1844, of seeing them all converted to the new faith.

The subject of this sketch received his academic training at Nunda, N. Y., graduating with honor from Union College, Schenectady, then under the presidency of the distinguished Dr. Nott.

In 1845 he traveled in the south, and taught, for nearly a year, in the

Bethany Institute, near Memphis, Tenn., having with him the first case of Homœopathic remedies seen in that part of the country.

He pursued his medical studies, chiefly, under the guidance of Dr. Gustavus Reichhelm, at Pittsburgh, Pa., graduating from the Homœopathic Medical College, at Philadelphia, in 1851. His first literary effort, in behalf of Homœopathy, was an essay, read before the Senior class at Union College, setting forth the Homœopathic law, as the fruit of a correct *generalization in medicine*.

While attending his first course of medical lectures, at Geneva, he made an address to the class, in reply to unfair reflections upon Homœopathy, made by members of the faculty, which in his opinion, were calculated to bias the minds of the students, and so prevent their future investigation of, what he considered, a great improvement in the art of healing.

His graduating thesis, on "Medical Forces," was published in the *American Journal of Homœopathy*, and thence translated and re-published in Spanish and other foreign languages.

The same subject constituted the basis of an oration, delivered by him in 1855, at the Centennial celebration of Hahnemann's birthday, in Philadelphia.

His argument was, that the forces resident in drugs, are to be known only by their effects in the healthy human organism, constitute a *distinct class* in nature, co-relative with, yet distinct from, the chemical, mechanical, electrical, and other forces, dwelling in matter; and that the proper study of those forces and recognition of the laws governing them, inevitably leads to the conclusion, *that they can be successfully employed in the cure of disease, only as directed by the Homœopathic law*.

He was associated with Dr. Reichhelm, at Pittsburgh, till the latter removed to Philadelphia in 1853, from which time, till compelled by ill health to retire for a season, he maintained a very large practice.

He always had from one to three students in his office, several of whom, Drs. Burgher, Cowley, Herron, Childs, Rankin, and McClelland, settled around him. He would not allow a young man to read under his direction who had not a good preliminary education.

He occupied the Chair of Materia Medica and Therapeutics in the Philadelphia College, and lectured during the years 1855-56 and 1856-57.

He was one of the editors of the *Philadelphia Journal of Homœopathy* from 1852; also of the *United States Journal of Homœopathy* in 1860, in which he published a series of articles on "THE UNIVERSALITY OF THE HOMŒOPATHIC LAW," which, as a logical argument in favor of Homœopathy, has never been surpassed.

In 1863 he was one of the editors of the *North American Journal of Homœopathy*.

In the journals named, and in others of later date, may be found many articles from his pen, all characterized by clearness and ease of style and freshness and force of ideas.

In 1857 he presided at the first meeting of the American Institute of Homœopathy in the great west, at Chicago, and in 1858 delivered the annual address before the same body in Brooklyn.

In the transactions of the Institute, from 1851, are numerous and able papers from him. The subject, so brought forward, that has received most attention, has been *the defectiveness of the provings, constituting the Homœopathic Materia Medica; and a plan for its improvement.*

His first paper, on this subject, was read at the meeting in Chicago, in 1857. Others, more at length and awakening more discussion, were read in 1873 and 1874. The plan, referred to, consists in the establishment of a *College of Drug Provings*, to be centrally located, directed by competent officers, having twenty or thirty healthy students of medicine, male and female, as provers, and a supply of all necessary diagnostic apparatus, for the scrutiny of drug effects; the institution to be in operation during the spring, summer, and fall months, while the various medical schools are not in session.

Some have pronounced his plan ideally right, but impracticable—utopian—while he seems willing to stake his reputation for learning and practical wisdom upon its success. Time must decide the question.

He was President of the Western Institute of Homœopathy, in 1869.

In 1860 feeling the necessity of a hand-book for his patients, living out of town or going on a journey, that should point out the uses of a few remedies, for acute and sudden affections requiring immediate relief, he published a small book on ACUTE DISEASES, which has since appeared in a second and a third edition.

Dr. Dake has always been an enthusiastic advocate of Homœopathy, leading him frequently to join issue with its opponents, in the daily press and wherever else attacks have been made upon its principles or practice.

In 1853 he published a scathing reply in *Putnam's Magazine*, to an article appearing in that monthly, in which he gave a masterly demonstration of Homœopathy to a wide circle of intelligent readers.

Only last year, by a few well directed communications in the daily papers, he twice defeated a scheme whereby the medical faculty of the old college in Nashville, with all its prestige and power, strove to get the authorities to establish and maintain a city hospital for the exclusive clinical instruction of their students.

A few years ago the doctor, from over-work, was compelled to retire for a season to his farm in Ohio, and for the health of his wife, thence to a milder climate in Tennessee.

While upon his farm, in connection with others, he organized the Hahnemann Life Insurance Company for the furtherance of his favorite system of medicine.

His eldest son, Wm. C. Dake, M. D., is associated with him in practice.

Medical News.

Society Announcements.

The Chicago Academy of Homœopathic Physicians and Surgeons meets every alternate Thursday evening, in the Tremont House.

The New York County Homœopathic Medical Society meets the second Wednesday evening of the month, in the Ophthalmic Hospital.

The Philadelphia Homœopathic Medical Society meets the second Thursday evening of the month, at the college.

The Baltimore Homœopathic Medical Society.—A meeting of the Homœopathic physicians of Baltimore was held, pursuant to call, on the evening of September 24, at the office of Dr. Thomas Shearer, for the purpose of organizing a Homœopathic Medical Society. Sixteen physicians were present, and, after a temporary organization, appointed a committee to prepare a constitution and by-laws. A partial report was soon made, recommending a sufficient number of articles to enable the society to organize permanently. The following officers were elected for the ensuing year; President, Dr. E. C. Price; Vice President, Dr. N. W. Kneass; Secretary, Dr. J. S. Townsend; Treasurer, Dr. Thomas Shearer. At an adjourned meeting, held the following week, the full constitution and by-laws were presented by the committee, and adopted by the society. Drs. J. E. Hardy, T. F. Pomeroy, and J. C. Benzinger were elected censors. The Society now includes twenty of the thirty Homœopathic physicians practicing in Baltimore, and will hereafter hold its meetings monthly.

Western Academy of Homœopathy.—The time for the first annual session of the Western Academy of Homœopathy is rapidly approaching, and every effort should be made by its members to make it a grand success, not only in the number in attendance, but in the character and scope of its transactions. A large number of bureaux and committees were appointed at the organization in St. Louis, and if the gentlemen comprising these bureaux will only contribute one paper each, we may expect a most interesting and profitable meeting at Davenport in October next. I would therefore suggest to the chairmen of the different bureaux and committees (a complete list of which may be found on page 526, Vol. XI. of THE INVESTIGATOR) that they at once put themselves into communication with their members, requesting each to furnish some paper on a subject properly belonging to the bureau. By pursuing this course we not only secure concert of action, but make also available the talent and experience to be found in our ranks in the Great West.

Fraternally,

M. MAYER-MARIX, President.

DENVER, Col., January 1, 1875.

Ancient Hindoo Medicine.—“The Hindoos,” says Dr. Hogg, “were the first nation who, about the eighth century, gave minerals internally, besides using fumigations of cinnabar. In the list of medicaments figured *Arsenic* for ague, preparations of *Antimony*, *Copper*, *Iron*, *Lead*, *Mercury*, *Tin*, *Zinc*, as also *Sulphur*, *Nitric and Hydrochloric acids*. They were familiar with bandaging, venesection, styptics, cauteries, plastic operations, the treatment of fractures and dislocations, besides the operations for Cæsarian section, cataract, and lithotomy: about one hundred and thirty curious instruments altogether in their category. Under a classification of alteratives, diuretics, diaphoretics, emetics, emmenagogues, salines, and stimulants collected from the vegetable and mineral kingdoms, remedies adapted to the age, sex, temperament, and stage of disease were prescribed in heroic doses; the greatest attention meanwhile being paid to the tongue, pulse, counte-

nance, skin, temperature, evacuations, and dietetics; nor were the heart and lung sounds forgotten. On the authority of wise Ainslie and Royle, the Hindoos were well acquainted with variola, measles, epilepsy, and phthisis; with eleven varieties of headache, twenty diseases of the ear, thirty-one of the nose, seventy-six of the eye, and sixty-five of the mouth. If a patient made faces taking a nauseous draught, the effect would be spoilt. It was most unlucky to summon a doctor away from his dinner, bed, the church, or the theatre — most ill-omened — an extraordinary and truthful fact which ought to be impressed on the minds of modern patients. To gain the confidence of families, the physician, clean and neat, should carry an umbrella, have an agreeable voice, a small tongue, straight eyes and nose, thin lips, short teeth, and thick, bushy hair, which retains its vigor; should have a knowledge of books, and be kind to his pupils."

Michigan Homœopathic Institute.—The annual meeting of the Michigan Homœopathic Institute was held in the council rooms at Lansing, January 12, 1875; C. J. Covey, M. D., Vice President, in the chair, and R. W. Nelson, M. D., Secretary. The minutes of the last meeting were read and approved. Dr. F. O. Baker, of Hudson, was examined as a candidate and admitted. After the usual reports for the year were read, the Society adjourned till 1:30 P. M.

Afternoon Session.—The committee on the appointment of an Homœopathic physician on the State Board of Health reported, "That the matter had better be deferred for the present." Report received and committee discharged. The committee on "What legislative action was necessary to enforce by law, an examination of all who enter upon the practice of Homœopathic medicine, by a State Board of Homœopathic examiners," reported that they would recommend that a committee of two be appointed to confer with the Allopathic committee, for the purpose of getting up a joint bill on the question. Report received and the following committee appointed: Drs. C. J. Covey, R. W. Nelson, and B. F. Bailey.

The following preamble and resolutions were adopted:

WHEREAS, It has been the misfortune of this Society to have one of its members, Dr. E. D. Burr, brought before all the world as a criminal, and

WHEREAS, We, as individuals and as a Society, have for the past six months, been led to doubt his sanity, therefore

Resolved, That we as a Society do heartily sympathize with the family of the unfortunate man, whose protector we verily believe to be guilty of no crime of which he could be legally responsible: and the Society is fully convinced that he is, and has been insane for the past year or more.

Resolved, That he is hereby expelled from the Institute, and recommended to the tender mercies of the courts, and especially to those in control at the Asylum for the Insane, at Kalamazoo.

Moved, That a committee of three, consisting of Drs. Ball, W. M. Bailey, and Hyde, be appointed to meet with the Homœopathic Medical Society of the State of Michigan, at their next meeting to compromise, if possible, on some plan by which they can unite in a petition to the legislature for a Homœopathic branch of the University on the competitive plan of an endowment. Carried.

Moved, That the Chair appoint a committee of three to visit the Detroit Homœopathic College, and report on its success at the next meeting of the Institute. The Chair appointed Drs. Covey, Burch, and F. B. Smith, as such committee.

Drs. W. M. Bailey, A. R. Ball, and C. P. Burch, were appointed delegates to attend the next meeting of the American Institute of Homœopathy in June next.

Officers for the ensuing year.—President, A. R. Ball, M. D., Mason; Vice President, J. R. Hyde, M. D., Eaton Rapids; Secretary and Treasurer, R. W. Nelson, M. D., Lansing; Censors, Drs. Nelson, Burch, and W. M. Bailey; Trustees, in lieu of A. R. Ball, and E. D. Burr whose term expired—A. R. Ball, and J. D. Kegan, of Corrunna.

R. W. NELSON, Secretary.

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F. DUNCAN, Business Manager.

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CAN'T AFFORD IT, is frequently only a poor excuse; but if any of our readers know of a case where it is a good excuse—where they cannot possibly take this journal—let us know it, please, stating circumstances, etc.

A TEMPORARY BINDER.—Those who cannot afford an Emerson binder can get two pieces of stick, bore two holes near the ends, and with a strong thread bind his journals between them. The numbers are then together and convenient.

A FEW words of censure are received, which we accept with thanks. We learn by our faults. We have never been above censure, and have tried to be malleable and ductile—like a piece of steel, improved by the hammering. Give us the point of exception, and the reasons, please. They will help us to make a more acceptable journal.

LOCATIONS.—*Cannellon, Ind.*, a town of 3,000 inhabitants, wants a Homœopathic physician. Address J. F. Sulzton. — *Corning, Iowa*, an enterprising place of about 2,500 inhabitants, wants a good physician. Address, Mr. Morse. — We have a large list of places. If our readers know of any, they will confer a favor by giving all the facts.

TIME.—To those who ask for a little time to pay their subscription, we say, certainly, pay when you can. Thank the Lord! we can wait on our friends. We know the difficulties of a physician's life, and try to accommodate our noble men. We want to help all we can in giving you a very practical journal. We believe you will pay for it as soon as you can. Let us hear from you, however.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. I, No. 4. — FEBRUARY 15, 1875. — Whole No. 136.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

How do these reports compare with your observations ?

CEDAR RAPIDS, Iowa, Feb. 5.— Some sore throat and fever here.

G. E. COGSWELL.

READING, Mass., Jan. 25.— Everybody here has got the measles or coryza. Some diphtheria and tonsillitis.

T. L. BRADFORD.

NEW HAVEN, Conn., Feb. 7.— Pneumonia, diphtheritic sore throat, and influenza of a severe type are just now prevailing diseases with us.

B. H. CHENEY.

WOODHULL, Wis.— Typhoid, influenza, and catarrhal fevers prevail considerably. Five deaths in one family from typhoid. I do not know what school the attendant was.

D. R. WILLIAMS.

ROCHESTER, N. Y., Jan. 29.— There is much sickness with us. Malignant scarlet fever is epidemic. Troublesome sequelæ, affecting the kidneys, requiring close attention.

GEO. F. HURD.

PEORIA, Ill, Feb. 8.— Our diseases are now principally *Puls.*, *Bry.*, and *Tart. emet.* cases, effecting lungs, stomach, and bowels. Treatment is uniformly successful, I like the new journal very much.

M. M. EATON.

CANTON, Ill., Feb. 9.—We have had a peculiar epidemic of sore throat during the past month. *Bell.* was the remedy in most cases; when it failed, *Phytolacca* cured instantly. G. W. TODD.

GRAND RAPIDS, Feb. 7.—An abundance of sickness throughout the city, and especially have influenza and scarlatina been prevalent. No great amount of fatality among either. Some cases of diphtheria, but only sporadic. HENRY A. WHITFIELD,

CHEBANSE, Ill., Feb. 9.—We have a perfect epidemic of coughs, colds, and sore throat, which *Bell.* 3 has promptly relieved. Some of the severest attacks have pointed unmistakably to pneumonia. *Bry.* 3 is my main remedy. G. R. PARSONS.

AVALON, Mo., Jan. 26.—We are having considerable pneumonia here this winter, some of it of a typhoid character. *Rhus.* and *Bapt.* are mostly indicated. I have not yet lost a case, while an All-Wise Providence has seen fit to remove some dozen souls by the hands of the so-called "Regular Profession." F. E. COFFEE.

FLINT, Mich., Feb. 5.—The winter has been more than ordinarily healthy, although catarrh, bronchitis, and diphtheria have prevailed to some extent, with now and then a case of pneumonia; but measles has been more prevalent than any other malady. All have been amenable to Homœopathic treatment, as usual. I. N. ELDRIDGE

GRAND RAPIDS, Mich., Feb. 8.—We are having a prevailing epidemic here in the shape of influenza, which, however, under proper care, lasts but a few days. It seems at times complicated with diphtheric symptoms; also congestion of the bronchia and lungs, some cases of which have proved fatal—only, however, as far as I have been able to learn, under Old School treatment. DE FOREST HUNT.

GRAND RAPIDS, Mich., Jan. 29.—For the past month we have had a regular epidemic of influenza. About every other person is complaining in some form or another with it. Like mumps, it will not leave a family until all have had their turn. It succumbs to *Bry.* 3 in the majority of cases where there is a dry, tearing cough. *Sang.* 3 corrects most of those cases having a stuffed-up feeling in the chest. *Bell.* 3 and *Merc. prot.*, when sore throat predominates. I believe one fruitful source of this affection is the very many changes in the weather we have had this winter. J. R. BOWMAN.

CAMBRIDGE, Ill., Feb. 8.—Bad colds and coughs, intermittent fevers, and chicken-pox have been our prevailing diseases in this vicinity of late. *Hepar sulph.* and *Spong. tost.* have worked well with me with the colds and coughs. Intermittent fever—*Ars.*, *Aconite*, *Nat. mur.*, and *China*. Sometimes *Merc. v.* and *Sulph.* have been successful in all. So far, for chicken-pox, *Acon.* and *Puls.*; some few cases *Bell.* All did well. The regulars have lost a great many patients in this place within the last year, while among the Homœopaths the mortality has been very light. But it is so everywhere. How could it be otherwise? Homœopathy is steadily on the move in this place. J. T. THOMPSON.

QUINCY, Iowa, Feb. 4.—There is but little sickness here, except catarrh. During the summer months summer complaint raged to quite an extent. *Mercurius*, *Ipecac*, and *Aconite* were the principal remedies. During the fall months, remittent and typhoid fevers were the prevailing diseases. For the former, the principal remedies used by me were *Nux*, *Merc.*, *Ars.*, *Bry.*, and *Rhus*; for the latter, *Bapt.*, *Ars.*, *Bry.*, and *Aconite*.

D. PITTMAN.

WARRENSBURG, Mo., Feb 1.—During the fall and early winter there was less fever than usual, but very considerable diphtheria. *Aconite*, *Bell.*, *Merc. bijodat*, and *Apis* were chiefly called for — sometimes *Canth.* and *Ars.* Mild and severe, I treated, altogether, eighty-five cases, losing only two, one from heart-clot, and the other became gangrenous and was complicated with true croup. Croup, earache, neuralgia, pneumonia, and typhoid pneumonia are very prevalent, especially in the country, and quite fatal under Old School treatment. For croup, *Acon.*, *Spongia* and *Hepar*; earache, *Cham.*, *Puls.* and *Bell.*; neuralgia, *Bell.*, *Nux.* and *Acon.*; pneumonia, *Acon.*, *Bry.*, *Phos.*, *Bell.*; typhoid tendency, *Rhus*, *Ars.*, *Phos.*, *Arnica*. *Bryonia* and *Phosphorus* seem to be the prevailing remedies. Very dry, cold weather since the middle of December.

W. L. HEDGES.

ATLANTA, Ga., Feb. 7.—DEAR INVESTIGATOR: You have come to hand all right, and as full of fat as ever. Getting married has not hurt you at all, but you are more prolific of good things.

Pneumonia is the order of the day with us. *Phos.* 30 and *Bry.* 30 cure very rapidly. Occasionally *Lyc.* and *Tart. emet.* are required. Some tonsillitis, which yields rapidly to *Kali bich.* 5. Have succeeded in defeating in our Legislature a gigantic lever which the regulars tried to carry through under disguise of a State Board of Health bill for the registration of deaths, births, and marriages, and for the prevention of the spread of infectious diseases, and for other purposes — the other purposes especially. But it was killed too dead to skin, and there I hope it will lie *ad infinitum*. Come again soon; always glad to see you.

F. F. TABER.

WHITEHALL, Mich., Feb. 7.—We are having a very variegated lot of diseases here at present. In the last month I have had to treat goitre, tenia cap., scrofulous abscess, favus, herpes circinnatus, chorea, meningitis, spermatorrhœa, ague, leucorrhœa, convulsions of various kinds etc., etc. Rheumatism of an inflammatory type, and sciatica are especially prevalent, and there are many cases of diphtheria of a bad character. Consequently there is no one remedy that is going to cure everything at present. *Merc. cyan.* 30 has been the great remedy in diphtheria. I give it for these symptoms, which are present in nearly every case just now: Excessive deposit of a tough, whitish-gray membrane, which often extends over the whole of the throat, and even over the whole of the roof of the mouth; aphthæ on the tongue and lips, with a thick, yellowish-white scab; very painful, forming ulcers; quite marked salivation; almost total loss of speech; solids are swallowed easier than liquids, which escapes through the nose; the membrane often extends

over the mucous membrane of the nose, also. These are the throat symptoms of the disease here, and *Merc. cyan.* 30 has never failed to cut the disease short in from two to four days. Have had one case of puerperal convulsions cured by high potencies, while two of my Allopathic brothers worked three days over another, which is going under the sod to-morrow. But I suppose my case got well itself. G. H. CARR.

DENVER, Col., Feb. 4, 1875.—For the past four weeks scarlatina anginosa has been prevailing to an alarming extent. *Belladonna* has disappointed me in every instance, even at the very beginning. For the sore throat symptoms, which manifested themselves almost simultaneously with the febrile symptoms *Apis* 6x and *Mercurius* 3x have responded well. I have relied upon these two remedies almost entirely throughout the progress of the disease, only occasionally resorting to *Aconite* tincture, when indicated. In two instances dropsy and desquamative nephritis have followed, which yielded readily to *Cantharis* 6x and *Arsenicum* 3x. The glandular enlargement about the neck was promptly relieved by the *Binioidide of mercury*. M. MAYER MARIX.

MANKATO, Minn., Feb. 4, 1875.—The principal diseases prevailing here during the early part of the winter have been typhoid fever and bronchial catarrh. The subjects of the former were mostly children, with only one adult; the remedies indicated and used were *Bell.*, *Bry.*, and *Rhus.* in the 3d and in a few cases in the 200th dilution; *Phos. acid* and *Hyosc.* was occasionally called for. With the exception of a few cases, the course was slow and tedious, running from three to four weeks, but convalescence short and prompt. The temperature in all cases ranging from 103 to 105 degrees.

A CASE OF ERYSIPELAS

on the right lower limb of a little girl one year old, was treated lately. Child very delicate and scrofulous. A small pustule had formed under the knee in front, without any swelling or redness around it. Mother opened it with a pin and in less than twenty-four hours erysipelas with extreme tenderness to the slightest touch had developed, the inflammation and swelling extending from the knee down to the ankle. Child was very restless and could not sleep, the least movement or touch of the limb would throw the child almost into convulsions. *Belladonna* was given with no result, and next day the limb presented a very angry appearance, showing dark blue spots in the upper part just below the knee, the rest of the limb being of a dark glossy redness. Now *Lachesis* 30th was administered in solution, every two hours, and the effect was beautifully prompt, the restlessness yielded at once to a quiet sleep, in twenty-four hours the blue spots had disappeared and in two days more every vestige of the disease was gone and child as well as ever. It is proper to state here, that in this case an intertrigo between the thighs and around the arms had entirely disappeared upon the accession of the erysipelas, which reappeared immediately upon the subsidence of the latter. *Apis.* removed it in less than a week. *Lachesis* is unquestionably one of our most potent remedies, and in my hands has never failed to give a prompt response whenever indicated, and it

is especially in erysipelas, where it has given me the most satisfaction.

My first admiration of and confidence in this remedy dates some twenty years back, when I treated a child of about the same age as the one just mentioned, with facial erysipelas. It commenced on one side and kept wandering upwards and across the forehead, involving part of the hairy scalp, down the other side of the face. There was on the second or third day imminent danger of metastasis to the meninges, as evidenced by the marked brain symptoms. A very prominent symptom, which I accidentally observed, was a convulsive stiffening of the child's penis. One dose of *Lachesis* 30th, changed the whole aspect of this alarming condition, and under the sole influence of this remedy the child made a rapid recovery. If *Lachesis* fails to improve or cure a case, where it is the exact simile, it is because the preparation is not a good one. My last 30th of *Lachesis* I obtained of Boericke & Tafel.

CASE OF DIABETES.

A well marked case of diabetes mel. has been under treatment since January 1st. Subject, a man endowed with a triple capacity of miller, farmer, and Homœopathic practitioner; aged about forty, of sober habits, sound mind, and a strong, robust constitution. Had found himself going down hill for several months past, without knowing really what was the matter with him. Insatiable thirst, day and night, patient went for the water pitcher about every ten or fifteen minutes while staying at my office, every time drinking large draughts of water; great desire for beer; voracious hunger; dry, husky skin; constipation; extreme muscular weakness, and the greatest indifference to everything around him; with a discharge of pale, saccharine urine, amounting to fifteen pounds in every twenty-four hours, and changing to a black-brown color upon testing it with *Kali caustic*, formed an array of symptoms, by no means very promising as to a favorable result. The first words he spoke when entering my office were: "Doctor, I'm a goner, don't believe you can do anything for me."

My first prescription was *Digitalis* 2d, which he took only one week, then I put him on *Lactic acid* 1, five drops three times a day. Beer, water, and sour milk for beverage, and such food as the nature of the disease called for. And I am happy to add my testimony in favor of the virtue of that agent in successfully combatting with formidable disease which has heretofore been regarded incurable. From the 7th to the 25th no material change was observable, only that I noticed the patient was more cheerful, and as he remarked, his head felt clearer with a less degree of indifference. The third week, however, brought a marked change in all his symptoms, and poking his head one day last week into my office, with a smiling face he exclaimed, "Well, Doctor, I guess I am better." Showing his test bottles, the last test yielded a nearly natural color of the urine, the quantity emitted during the twenty-four hours does not now exceed the normal amount, does not crave drink any more, has discarded the beer, has a natural appetite; that strange, indescribable feeling in his muscles, something like

worms crawling in his flesh, has entirely passed away, and on the whole feels like a new man, taking a new interest in life's battle, without the dark shadow of utter hopelessness constantly hovering over him and vowing vengeance upon the grasshoppers, if they do not seek other quarters next summer. Yours respectfully,

A. L. DORNBERG.

EXPECTORATION, ETC., IN PNEUMONIA.

GELS., RHUS TOX., TART. EM., BRY., NUX. V., CAPS., CAMPHORA.

Dr. C. Pearson, gives on page 27, etc., indications from sputa in pneumonia. I will submit, for his consideration, the following:

Gelsemium.—Reddish sputa; fever, with crimson face; full, soft, frequent pulse.

Rhus tox.—Adynamic type; free expectoration of thin, pus-like secretion, stained deeply with blood, looking like *prune-juice*. (Jahr gives also, "neither cough nor sputa.")

Carbo. veg.—Dirty yellow, fetid sputa; gangrenous tendency; neglected cases; old topers. (Farrington.)

Dry.—(After *Acon.* given as Dr. P. directs, see page 27). "Heavy spit," i. e., viscid phlegm, of the slightest greenish tint; *sounding loose*, but coming up only *after severe efforts*.

Kali mur.—I have found useful on Schussler's indications, also *Natr. mur.* and *Natr. sulph.*

Tart. em.—In children, externally the fever seems slight, but the skin looks just a little bluish pale; it is sleepy, but is frequently roused by the cough, which makes it whimper from pain, with a rattling which is coarser than while dozing; swallowing sputa, if any; then lapsing uneasily again into slumber; frequent, small pulse; *stuffed* sound of *respiration*, heard with or without auscultation; rattling *when coughing*.

Nux vom.—Pneumonic (and abdominal concomitant) symptoms, in such cases as the above, diminished to almost nothing; but *fever* continues in a smouldering, obstinate, lingering way; firm, frequent pulse; heat slight; much medicine previously taken.

Also, if the patient had taken evacuants to full emesis, catharsis, etc.; the sputa, rusty. Also, sometimes, we find an important indication in this: "little expectoration; but *must cough on*, until he gets that little up."

Capsicum.—If, from brief use of *Quinine*, or other crude drugs, there remain an acute, *burning* fever.

Camphora.—In the violent chill, with shooting pains all over—which comes, at times, *before localization*. J. C. MORGAN.

P. S.—Just half an hour *before reading* Dr. Pearson's article, I prescribed *Aconite 3*, on the very indications he gives, with some misgiving, because of the *dark* cherry-red color of the blood. After seeing his note, I was reassured, and the event justified the prescription. The cure was finished by *Bryonia 200th*, on my own indication, as above given. J. C. M.

PHILADELPHIA, Jan. 27, 1875.

CHRONIC PSORIASIS AND SYPHILIS.

EDITOR OF THE UNITED STATES MEDICAL INVESTIGATOR: For the benefit of the profession I report you a case of chronic psoriasis and one of secondary syphilis cured by high potencies, of the same remedy that had been used in a crude state by Allopathic physicians without success.

My first is a case of psoriasis. W. B., aged twenty-seven, man, unmarried. Had been under old-school treatment, (which mainly consists of *Sulphur* lotions, and *Donovan's solution of arsenic* internally), for three years, by three different Allopaths of this city. Each one had a year's trial, and the patient grew worse all the time.

On Feb. 17, 1873, he came under my care, saying he would now try Homeopathy for a year, and if it failed he would try no more, but give it up as incurable. I first gave him *Sulph.* 200 night and morning until the 19th of March, when I put him on *Ars.* 200 same way, and kept up this at intervals of two weeks for seven months, when he was perfectly cured; no other remedies used.

Secondary Syphilis.—M. F., aged twenty-nine, had primary chancre nine years ago; since has had sore throat, rheumatic pains, etc., several times, and in the summer of 1873 the throat and nasal bones were attacked. He then applied to a Hygenic physician and took three months at the Turkish Baths, without success. He then applied to an Allopathic M. D., who treated him unsuccessfully up to the 9th of September, 1874, when he came under my treatment in the following condition:

Very much debilitated, both mentally and physically; throat ulcerated; nasal bones attacked and caries; roof of mouth eaten through, and a horrible smell from his nose, etc. I cannot say as to the drugs he had used, but was using for two months before coming under my treatment, a solution containing *Arsenic*, *Quassia*, and *Iodide of potassium*. I stopped all mixtures and gave our corresponding remedy *Kali hydriodicum* 200 three times a day, under which he at once rapidly improved. I gave no other remedy until the 1st of November, when I gave a few doses of *Aurum metallicum* 200, when he was perfectly cured.

These cases may be of service to those who are afraid of high potencies and single remedies.

J. H. FULTON.

MONTREAL, Canada.

"GASTRO-ENTERITIS AND DYSENTERY."

On pages 21-23 of the January number of the *New England Gazette* appears an article under the above title, which the author modestly hopes "may be of some use to the profession." After a careful perusal and re-perusal of the same, I am at a loss to know of *what* use it can be to any one, unless it is to illustrate once more the anxiety which seems

to possess some practitioners to parade their unscientific practices in our medical journals. If there are established points in Homœopathy, they are the *single and similar* remedy and the minimum dose.

From the abundance of authorities which may be cited to sustain this assertion, I quote from a few only:

From the *Homœopathic Review*, Vol. VII, page 345: * * * "But the method of alternation throws us back from all such certainty—back to the field of unmethodized clinical experience—back to the trackless wilderness of polypharmacy and Allopathy. * * * From the standpoint of science we hold that Homœopathy cannot countenance nor tolerate alternation."

On page 346, speaking of Dr. Hawley: "A sound theory compels him to the belief that alternation is not justifiable nor defensible on scientific grounds, and that it can do nothing to advance our therapeutics, but, rather, confuses it." These extracts are from an editorial while Drs. P. P. Wells and Carroll Dunham were editors of the *Review*.

The American Institute of Homœopathy, a few years since, endorsed the sentiment that "every one who is tolerably familiar with Homœopathy must know that the exclusive administration of simple and uncombined remedies is one of the principal pillars on which the entire edifice of Homœopathy rests."

If anything more positive than this is required, the following, from a pamphlet published by the Hahnemann Institute, from an address by Ad. Lippe, may be introduced: "The Homœopathician administers one dose of medicine at a time, and never repeats that medicine, or gives another, until this one dose has exhausted its effects."

As the article under notice is presented for our instruction, it seems but fair that it should be submitted to a careful analysis in order to obtain all the information it contains. We are told that the case when first seen presented the following symptoms: "Head and body hot, with cold hands and feet; face red; pulse 140, with frequent jumping and jerking, as though convulsions were imminent; greenish, watery, slimy discharges; thirsty, sleepy, and stupid; breathing quick and short." This was too plain a picture of *Belladonna* to be overlooked, and had that remedy been given *alone*, it is not likely that another would have been required. But our worthy doctor, fearing lest his well-aimed shot had failed, must needs fire another—for what purpose must be left to him to explain. Its effect, however, was to complicate a severe case, and bring counsel into the field. The conditions at this time are not clearly given, but no symptom is mentioned occurring in the pathogenesis of *Gelsemium*, one of the remedies given. Not being familiar with the symptoms produced by *Rhus rad.*, I am unable to ascertain how clearly that remedy was indicated. On the next day the combination is broken, and the *Rhus rad.* given alone—for what reason, is not stated. At noon, however a new programme is laid down, and a close approximation to the crude mineral *Bismuth* takes the place of the rejected vegetables.

Another day, and we ascend like a rocket, making a long stride in the right direction, invoking the aid of old king *Mercury 6*; but alas!

how soon some promising converts backslide! the *Bismuth* 1 again stalks upon the scene and forms a co-partnership with king *Mercury*, who, notwithstanding this drawback, succeeds in four days in so far overcoming the disease that but seven operations occur in twenty-four hours. The old monarch then breaks his alliance, only to form another with that other prince among drugs, *China*. The reasons for this arbitrary proceeding are entirely matters of conjecture. At the end of two days, and while the patient is convalescing in a very satisfactory manner, this new alliance is broken, and another character steps upon the stage to perform a tableaux while the curtain drops.

When we are able to extract blood from turnips, make silk purses of pigs' ears, and find no dishonest men in office, then may such reports as the one under consideration instruct us in the practice of Homœopathy.

D. C. PERKINS.

NORTH VASSALBORO, Me.

NO SPECIFICS.—A REMEDY FOR A CASE.

BY J. EMMONS, M. D.

I will give a few practical observations, more for the purpose of illustrating a principle, than as a discovery in medicine.

TYPHOID FEVER.

CASE I. Mr. E., aged fifty. Taken ill suddenly and quite violently for a typhoid in its inception; congestion of the stomach and bowels; dry, smooth, red tongue; restless; worse at night; thirst, with desire for acid drinks.

Prescribed *Rhus* 30 in powders, dose; one every four hours. In a day or two the patient was very comfortable and so continued until the crisis, which was reached on the fourteenth day as evidenced by hypostatic urine, the sediment heavy and on the bottom of the vessel. The point I wish to make is, that *Rhus* was the only remedy used from first to last, recovery being most satisfactory.

CASE II. Mr. W., aged twenty-three. Taken with typhoid fever in about the usual manner. Held so as to call for *Bry*. in my opinion, which continued the remedy indicated. Crisis reached on the fourteenth day, and made a good recovery on *Bry*. alone.

CASE III. Mr. B., aged forty. Remedy indicated according to authority. Besotted expression; restless; scattering of one's self, etc. *Baptisia*, which was given in various attenuations for three days without the least impression. *Rhus*, being the remedy indicated, brought speedy relief of all urgent symptoms, and concluded the treatment in the usual time and manner.

SCARLET FEVER.

With these observations on typhoid fever, I will pass to scarlet fever, true variety. Five cases in one family, the father, son, and three daughters. First the son eleven years old was treated with *Arum tri-*

phyllum, a fearfully sore mouth, external and internal, with an unprecedented flow of pale urine, two gallons in a day and night. The second, nine years old, was treated with *Bell.* alone being indicated. The third, having the besotted expression, pimple rash, etc., was treated with *Ailanthus*. The fourth and youngest, partook of the diphtheritic variety, etc.; *Apis* was the specific. All made good recoveries. All sick at the same time, all sick of the same disease, yet every one requiring a different remedy, are evident illustration of the importance of symptomatic indications over the classification of diseases and being biased by a name.

CROUP.

Of which we have had a great deal. The bronchial variety called mostly for *Tartar emetic*. The tracheal variety for *Aconite*. The diphtheritic variety we let die, as I believe all others do. I have no faith in the cure of diphtheritic croup. I fancy there is oftener a mistake in the diagnosis than in the cures. Bronchial croup resembles diphtheritic croup so nearly that it is often mistaken for it and such cases recover, and a supposed case of diphtheritic croup is reported cured,—honest, no doubt, but mistaken. In an experience extending over a period of twenty-five years, I have yet to see a case of genuine idiopathic diphtheritic croup cured. So I put it down, as a general rule that they will die—there may be some rare exceptions.

I might recite case after case cured with the one remedy, and many times with but the one dose. But this must suffice for the present.

ONE MORE CASE.

Miss T., aged twenty-four. Having passed through the hands of several physicians, one of them being of the kind who knows so much he can practice "*both ways*." Still they were expecting her death momentarily. As a "*forlorn hope*," I was called—found the patient dying for the *want of air*, two fans vigorously applied to furnish the required amount to live. A case that fine-spun theorists would call "*threatened paralysis of the lungs*." Gave *Apis*, improvement was immediate, and the patient supposed to be dying of consumption, still lives.

RICHMOND, Ind. Feb. 1, 1875.

SOME REMARKS ON THE USE OF CHLORIDE OF LIME IN DIPHTHERIA.

The August, 1874, number of the *American Journal of Homœopathic Materia Medica*, contains a short paper with the above head.

We are first informed that the learned author has published more than seven years ago *his* experience with the *Chloride of lime* in diphtheria, and that the honorable profession generally have not made the use of it that its importance deserves. That *is* good news for once. The profession generally, we are informed, have rather disappointed

the inventor and promulgator of another "Specific" for specific diseases, and the learned gentleman does not even surmise the cause of this neglect of the general profession; now let him for once understand plainly, that a majority of the profession to which he professes and pretends to belong are Homœopathists. As Homœopathists they ignore specific diseases, they ignore remedies not proved on the healthy, they ignore specifics, and guided by the principles of the school cure cases of diphtheria with such remedies as are found in the Homœopathic *Materia Medica*, and with any one of these remedies, singly given, as each *individual* case requires. The learned author says that he depended on the employment of the remedy, because it best answered the whole pathological state as well as the symptomatology of the cases; and further he says, that he sincerely regrets his inability to furnish these provings at this time. Sooner or later they will have to be *Instituted!*

It is evident by this acknowledgment that the provings are — *non est*.

A remedy may answer the whole pathological state and not be the truly Homœopathic remedy in a given case. Now if *Belladonna* answers the whole pathological state of scarlet fever it does not follow, and experience sustains the statement, that it will cure all cases of scarlet fever. If all cases of a given disease collectively represented by a *name* were all alike in all individuals, cause just the same symptoms in all those suffering from it, the learned author might look for a remedy which answers to the whole pathological state, but as it is otherwise, as all intelligent and observing physicians know only too well, that the seasons of the year, climateric influences, the previous condition of the sick as well as his own individuality, will change and greatly alter the symptoms of the various sick, it is utter folly, and it is entirely in opposition to all and every one of Hahnemann's teachings to be so guided, and it is more than folly to expect to mislead others to be also misguided.

Our learned Doctor fortifies his position by — testimony — there comes that great and good man, Dr. Minton, he endorses *Chloride of lime* in the *worst* cases, and the greater light so celebrated for his individual inability to find Samuel Hahnemann's reference to certain *Belladonna* symptoms, and for his attempt to reject these symptoms because Dr. Richard Hughes could not find the quotations of that indefatigable and scrupulously honest man, Samuel Hahnemann, and Dr. Hughes comes to the conclusion that in the treatment of diphtheria our most hopeful outlook is in the direction of such antiseptics as the *Potassium Permanganate* and the *Chloride of lime*. Is that Homœopathy?

Still another witness puts in an appearance from Warren, Pa., and his testimony is grand. Witness treated one hundred cases of diphtheria with *Chloride of lime* and only lost two cases, and they died — of "*diphtheritic croup!*" Later he admits that there was another case where *Chloride of lime* seemed to have no effect in arresting the progress of disease, (he had used it persistently for six days,) *Merc. cyan.* 6th, and gargling of *Carbolic acid*, (what giantly constitutions must

Warren, county produce,) were used with admirable success—witness also says *Chloride of lime* proved nearly a specific for all cases from beginning to end. The sequela of a few cases, such as paralysis, etc., were cured by other remedies. The witness does not know, perhaps, that diseases properly (Homœopathically) cured, leave no sequela; the sequela *only* appear a faulty, not Homœopathic, treatment and are the result of treatment only. This phrase “*of sequela*” is borrowed from the common school of medicine, and does not belong to us. The *Chloride of lime* as well as *Carbolic acid* may be apparently beneficial in diphtheria, destroying the diphtheritic deposit when administered in crude doses, but “*a cure*” it is not in its Homœopathic sense. *A cure is a restoration to perfect health.*

AUDI ALTERAM PARTEM.

At the session of the American Institute of Homœopathy, Dr. Constantine Hering, in the city of Philadelphia, made an almost compulsory statement about the treatment of diphtheria in that city. Dr. H. gave his own statement, and fortified it by naming some Homœopaths known to him, who had had the same results from the same strict Homœopathic treatment. This statement was pressed out of him, and it was as true a statement as any member of said Institute ever made; it was not volunteered, not forced on the profession, like the unreasonable demand to give *Chloride of lime* to every person who is supposed to suffer from diphtheria. No doubt many members quietly did profit by the report, and we know they found it *reliable*.

Perverse men hooted at it, and we find in one of the various books on the treatment of diphtheria which saw the light of day at St. Louis, an allusion to that report by no means flattering, rather offensive. And the old song was repeated: a physician who cures cases of so grave a disease as diphtheria with infinitesimal doses is—what? doing good service to our cause? By no means, he is “*trifling with people’s lives.*” That is “*logic.*”

Diphtheria is a very grave disease if fully developed. If the proper Homœopathic remedy is chosen in the beginning of this form of disease, if the true disciple of Hahnemann—mind it—individualizes, administers his so-chosen truly Homœopathic remedy in one single dose of a high potency and waits, his case fully recovers at once. And the more careful the Homœopath in his individualizing from the beginning of an attack, the stricter he followed the teachings of the master, the less often would the disease fully develop itself; really the disease never does develop itself under such careful treatment. In our own immediate (rather extensive) practice we have not seen a fully developed case of diphtheria, for many long years we have very rarely been compelled to give more than one single dose of a high potentized medicine. The medicines most frequently indicated have been *Belladonna*, *Lachesis*, *Lycopodium*, *Apis mel.*, *Merc. jod.*, *Kali bichr.*, *Arum trip.*, *Nitr. ac.*, etc.

We have never found ourselves compelled to plunge into the chaos of eclecticism, or seek a remedy among the innumerable unknown sub-

stances, even in fully developed malignant cases that come to us after domestic practice guided by these pests, the Domestic Physician, was exhausted, or if they came from "the other side," or had been treated by order of a practicing Homœopathist with *Aconite*, *Merc. iod.*, and half a dozen more remedies "in rotation," and never shall we resort to a so-called "almost specific" as long as we claim the honorable name of a Homœopath.

A. LIPPE.

PHILADELPHIA, Aug. 29, 1874.

SCHUSSLER'S REMEDIES.

THE LAW OF SIMILARS—THE HEALTHY VITAL TEST—THE SINGLE REMEDY ABANDONED.

BY J. P. DAKE, M. D.

Dr. Schussler might have made a new departure, leaving the beaten paths of Homœopathy to travel by the light of Virchow's microscopic lantern far beyond the range of unaided sight and reason, and the American Homœopathic profession would have "thought little and said less" upon the subject, willing for him, as best he could, to wield his dozen tissue remedies in every combat with disease. But when the "departure" is displayed in English, and endorsed, as yet within the pale of Homœopathic orthodoxy, and even so creditable as to make one wish to appear, as in some degree, its author, all by an eminent physician in America, who has hitherto assumed to be a Hahnemannian *par excellence*, always ready to denounce as "anti-Hahnemannians" and "outsiders" all who have presumed to criticise his work or dissent from his opinions, we cannot restrain an expression of surprise and inquiry.

Our understanding is this: That we correct conditions of disease by the use of remedies known to induce similar conditions in the healthy; that we know the conditions that the various remedies may induce, by their trial, one at a time, upon the healthy; and that in practice we apply the remedies so studied out, and so related to disease, as they were proved, one at a time, and in doses less than required to influence a healthy organism.

Such may be called the well-beaten paths pointed out by Hahnemann and made plain and sure by the best experiences of his followers.

Such is Homœopathy, wherever, by whomsoever, and with whatsoever results, it may be practiced.

The employment of remedies, the effects of which, in the healthy are unknown to us, however much it may be urged by cellular and molecular theories, is but Allopathic practice.

The acceptance of remedies not proven in the healthy, but taken from the hand of empiricism, however much endorsed by clinical experience, and however much "trituated and potentized," is but common quackery.

The administration of two or more remedies together, in the one dose, is at once a palpable violation of the law of similia and of the fundamental principle of the *Materia Medica*, and a clear abandonment of the approved rule of the "single remedy."

The "twelve tissue remedies" of Schussler, then, at least so far as eight of them are concerned, are not Homœopathic at all.

They have never been proved, so that their effect in the healthy human organism may be known, and when administered the influence of each is a matter of the wildest conjecture.

When *Sulphuric acid* and *Kali carb.* are combined it is impossible to tell, without a proper proving of the resulting compound, what their medicinal effects may be. They may resemble the peculiar effects of *Sulphuric acid*, or those of *Kali carb.*, or be unlike those of either. And how much they may resemble the one, or the other, or both, or neither, no man can tell.

The combination of lime and magnesia, and potash and soda and iron, respectively with *Sulphuric* or *Phosphorus acid*, leads to a lot of substances, the medicinal effects of which cannot be safely inferred from any previous knowledge of the medicinal effects of the individual articles so brought together. And any attempt at such inferential knowledge must be ranked with the crudest and wildest of medical theories, far enough beyond the pale of true medical science.

Each time, then, that any of Dr. Schussler's unproved remedies are used, the proceeding is governed by theories and not by law, and the results are as uncertain as those following the use of any other Allopathic, or empirical means.

If a compound is endowed with the characteristic powers of its individual elements, its effects must be equal to, and the same as, the sum of the effects obtained from two or more distinct drugs. If it is not endowed with those characteristics, it is a new and unknown substance which no honest and intelligent Homœopathic physician can feel justified in prescribing for the sick.

Which horn of the dilemma will the advocates of Dr. Schussler's remedies take?

It is certainly a remarkable exhibition of inconsistency in those who have always advocated drug provings and the single dose, to see them endorsing and actually following out in practice the absurd Allopathic vagaries which call for the use of unknown remedies, or the mixing of two or more in one dose. It will be useless for such hereafter to talk of a *Materia Medica Pura*, or to condemn the attenuation, or mixture of remedies, or to claim allegiance to the Homœopathic law. Are they not "outsiders?"

As Schussler, then, has gone from Homœopathy, let us look for a moment at his new system. It is called by him "a cellular and molecular therapeia, founded on histology and the provings of Homœopathic remedies." Taking the teachings of Virchow, and others, as to the cellular structure and characteristics of the different tissues of the human body, and their theories as to the molecular character and the influence of various elements and chemical compounds upon the

several tissues, he has assumed, as a corner stone, that all diseases of a given tissue must be removed by drugs, the peculiar molecules of which are found as constituents of that tissue !

Enlightened and led on, doubtless, by the profound observation "That all constituents of the human body act on such organs principally where they have a function;" and being told that "All fulfill their functions when they are the cause of symptoms," Schussler proceeded to select the "constituents" in making up his new *Materia Medica*.

He threw away one remedy after another till he came down from over five hundred to the even dozen, being satisfied that he could manage all forms of disease with that number.

He went into the Homœopathic *Materia Medica* and hunted out the symptoms described to *four* of the articles which he had fixed upon as molecular "constituents." He then borrowed symptoms from some of the drugs which he believed to be *related* to his eight unproved constituents, and carried them over to the strangers. He seemed to consider it admissible and safe to assume that a sulphate would act just as a phosphate, and a phosphate as a sulphate, only a little "quicker," or "a little more so." What he had thus obtained by analysis and by borrowing on the credit of family relationship, he brought together by synthesis as the images of various tissue affections, and so constructed a new and truly wonderful therapeia !

After the old plan of supplying tissue deficiencies, as by iron in chlorosis, the idea of "tissue remedies" may be thinkable. But after the Homœopathic plan, of relieving hyperæmia with *Ferrum*, where is Dr. Schussler and his tissue theory ?

Is the cure of "broken bones, tedious dentition, and hydrocephalus" by *Phosphate of lime* suggested by the Homœopathic law and a *Pura Materia Medica*, or by the old tissue-deficiency and molecular-supply theories ?

When Dr. Schussler shall put his therapeia in better shape, getting his tissues and their possible affections in some order, with the appropriate remedies attached, with some explanation of *how*, and *why*, and *whence*, we may come to see some good in it.

As at present informed, we must regard his system, if such it may be called, as but a *tissue of absurdities*, putting to shame all the pathological within-gazing and therapeutic aircastle-building known in modern medicine; and we must, therefore, be excused from dosing any of our patients, who need medicine, with any such unknown "potencies."

For our conversion it will be useless to pile up reports of cases cured, as they can be but small additions to the immense heap already convincing us beyond a doubt that the unaided *vis medicatrix naturee* cures thousands of people every day, for which useless medicines have the credit.

The moral of this departure, as of others that will follow, is, that the Homœopathic law, virtually smothered, or lost sight of in the accumulated rubbish of the *Materia Medica*, is to many no longer a satisfactory

guide in therapeutics, and that simplification and certainty are sought at the other extreme, in a dozen "tissue remedies," in "cold and hot water," in "compound oxygen," in "electricity," in "air and exercise," and in "animal magnetism."

NASHVILLE, Tenn.

FACTS ABOUT THE DOSE.

READ BEFORE THE INDIANA INSTITUTE OF HOMŒOPATHY, NOVEMBER 11, 1874, BY W. N. BAHRENBURG, M. D., OF INDIANAPOLIS.

No question connected with Homœopathy has given rise to more vigorous controversy, or to more earnest partisan feeling than that concerning the dose.

Beginning with the promulgation of the dynamization theory of Hahnemann, it has received the attention of all the leading men of our school, but as yet, no definite law has been found, to govern us in the selection of the dose, in each individual case.

As a result of this difference of opinion concerning the dose, we find quite a number of physicians who advocate the use of the high potencies, to the exclusion of all others, then again we find quite a large number who adhere closely to the lower potencies and crude preparations, while still a third class, without restricting themselves to any given potency, employ the entire scale.

Every conscientious physician endeavors to cure his patients, in the most speedy and effectual manner possible, and hence seeks for that method which experience proves the best.

This can only be done by a candid, unbiased, and thorough examination of all the evidence presented, of which we have a large variety, gathered by the most eminent physicians of our school, both in this and other countries.

I am convinced that in order to apply the Homœopathic treatment with success, the physician should take cognizance of the whole scale at his disposal, from the lowest to the highest dilution of which any medicine is susceptible, so as to be able to individualize the potency as well as the medicated drug.

We acknowledge the law of the similars as a fundamental principle in Homœopathy, and so must use that law in the selection of the remedy for the cure of the sick. According to this principle we cannot expect to find specific medicines for specific forms of disease, and hence cannot generalize, but must individualize in the selection of the curative medicine in every case.

Admitting this, it follows that we must also find in each individual case the true minimum dose.

The greatness or littleness of a dose depends upon the physical properties of the article, and its divisibility, and upon the susceptibility of the diseased organ, or the system for its specific irritation, and also

upon peculiar circumstances, such as the age, sex, temperament, habits, idiosyncrasies, etc., of the patient.

On the question of dose, it were well if physicians would exercise liberality toward each other. We know that material doses in many cases act well, and, also, that the high attenuations act well, and there are no reasonable grounds for asserting that either the one or the other is unscientific, hence it is very unwise for the adherents of the one to depreciate the other.

The one question to be solved in each individual case is, which will act more satisfactorily.

Many substances which have no apparent or appreciable dynamic properties, or power over contiguous matter, while in a crude state, have their latent power liberated by attenuation so that the molecules of the drug become separated and are placed or distributed in such a way that they may be more easily appropriated by the minute nerve filaments or surrounding tissue,—then again, many substances which in a crude state have medical power, have that power increased by attenuation.

Many theories have been advanced as to the manner in which this process takes place. Some affirm that in the process of trituration, a mechanical force is added to the specific force of the article, as the atoms become separated by repulsive force, and become identical with it; others again, hold that by trituration, medicinal power is only liberated, that there is nothing created, that was not before in the substance, that the substance is essentially the same in the molecule as in the crude mass, and power is only developed and not multiplied.

Be this as it may, the one great desideratum with the practising physician is not so much as to the manner in which it takes place, as to the fact of the power being really developed. We cannot say in a positive manner why such a medicine can be carried to such a degree of dynamization and there show itself efficacious, we only know it by experience.

The minimum dose was early taught by Hahnemann, and in the first edition of the *Organon*, published in 1810, we find it stated that scarcely any dose of the Homœopathically selected remedy can be so small as not to be stronger than the natural disease, and not capable of overcoming it.

After the adoption of the dynamization theory he advocated the practice of giving infinitesimal doses, although not confining himself to any given potency.

Some physicians refuse to use the higher potencies, and deny the increased curative action developed in drugs by potentizing above the third centesimal, alleging, that having reached that point, they have become soluble, or they have been so reduced in size that they can enter the smallest bloodvessels and thus come in contact with the diseased tissue. Experience, however, goes to prove that the higher potencies in many cases, especially so in chronic cases, act better than the low. From among the many interesting experiments made for the purpose of ascertaining the truth of this fact, I would refer to that of Dr. Eidherr, in the General Hospital at Vienna, extending over a

period of ten years, from 1850 to 1860. His investigations were confined to a single disease, pneumonia, and all those cases which occurred during the first three years were treated with the thirtieth decimal dilution of the indicated drug, all those during the next three years with the sixth decimal dilution, and those during the remaining four years with the fifteenth decimal dilution. As a result he found that the average duration of each case from its reception in the hospital to its dismissal, of those treated by the thirtieth dilution was 11.3 days: of those under the sixth dilution, 19.5 days; and of those under the fifteenth dilution, 14.6 days.

Here we find that the higher potencies, even in acute cases, were preferable to the lower ones. We have also a record of over four thousand cases, where the higher potencies were proved superior, by Aegidi.

At the clinics connected with the Hahnemann Medical College of Philadelphia, the high potencies are used almost exclusively, and with most happy results, as I often had occasion to verify during my attendance there.

In prescribing for a given case, it is necessary that we exercise the same caution in giving the dose as we do in the selection of the remedy, as the one patient may be very susceptible to the action of drugs, while another is just the reverse, and we would not give the same dose to a patient of strong constitution, with nervous power highly developed, as we would to one that was anæmic. No rule can be given for the administration of the dose, as the exigencies of each individual case are such as to prevent anything like generalizing, and so it must be left to the judgment of the physician to say what that dose shall be.

Grauvogl recommends the use of the lower potencies, when we have to do with predominant nutritive changes, and the higher potencies when we have to do with predominant functional disease forms, and by way of illustration refers to the action of *Phosphorus* in pneumonia. If the remedy is given in the first or third attenuation, four or five drops every fifteen minutes, then the stitching pains disappear wholly and forever, and seldom later than after two hours, and a marked apyrexia has set in, but the dyspnoea still continues, and one may think himself lucky if he has not produced in their place other effects of *Phosphorus*, as colic, diarrhoea, etc. The chief fatality, however, consists in this: that the absorption of the exudation takes place slowly or not at all, but, if we give *Phosphorus* high, every few hours, then the stitching pain remains longer, the apyrexia follows later, but the absorption of the exudation goes on *pari passu* with it, as well as the difficulty in breathing, while the unpleasant secondary symptoms of colic and diarrhoea do not appear at all.

Hence by the use of high potencies, the morbid symptoms disappear quietly and without disturbance, without any further phenomena obvious to the senses, leaving behind no trace of their existence. Hence after using high potencies we have no longer to struggle with any residue of the disease, and we have not to complete the absorption of the exudation by the means of still other remedies.

The repetition of the dose also commands a careful consideration, as

the cure is often interrupted and sometimes entirely prevented by repeating too often, besides we are liable to have symptoms of drug action appearing, much more severe than those of the disease which we wish to cure, and which may prolong the case indefinitely.

The more perfect the similarity of the pathogenesis of the drug to that of the pathological or natural process of disease, the less necessity is there of repeating often.

Repetition will also depend upon the acuteness of the attack, as in the one case we may be obliged to repeat every few minutes, while in another, days, and even weeks should intervene before repeating the dose. Sometimes a single dose will be all sufficient for the cure.

Perhaps some will say that all this minutæ in prescribing is unnecessary, that having found the similimum our work is done, as it will cure the case, no matter what dose we give.

This may be so in some cases, but I think the result in a majority of cases will prove unsatisfactory.

It is our duty as physicians to relieve the sufferings of our patients in the most speedy and effectual manner possible, and without allowing a possible chance of their being prolonged in any way, and hence we should exercise that care and consideration which time and our increasing knowledge permits, for their welfare.

DISCUSSION ON HORLICK'S FOOD AND PREVAILING DISEASES.

BY THE CHICAGO ACADEMY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

TREMONT HOUSE, Jan. 28, 1875.

Louis Dodge, M. D., in the chair.

After passing resolutions giving emphatic endorsement to the action of the Legislative Committee of the American Institute of Homœopathy — see another page — the Society then considered

HORLICK'S FOOD.

Mr. Horlick was invited to explain the nature of Horlick's Food, as prepared by him in Chicago, which he did, and concluded by saying that he had no doubt it would be the means of saving infants for the profession in America. Some of the members of this society are using it quite extensively. He thought its merits would recommend it.

Dr. Tooker had used it for a case of delicate twins. They were doing nicely on it.

Dr. J. P. Mills, Physician to the Foundlings' Home, had some experience to relate. He found it of value in those cases that vomit all food and run right down. It had agreed with and saved some of these very bad cases. He now perscribed it to prevent the irritability which preceded the vomiting, subsequent inanition and death. They thought very much of this food at the Home.

Dr. Duncan said we all know the infant cannot digest starch. The salivary glands and pancreas are not developed sufficiently. Starchy food irritates the stomach and the whole alimentary tract. This food is partially digested and he thought it could be used in younger cases, and in those of great irritability of the alimentary tract. He had prescribed it for this class of cases at the Home and was glad to say with good results.

Dr. Dodge inquired if it could be used to supplement mother's milk where that secretion was insufficient,

Mr. Horlick replied that it could.

PREVAILING DISEASES.

Dr. C. D. Tufford, of London, Ontario, Canada, being present, was invited to take part in the meeting. He stated that the prevailing diseases with them were scarlet fever, some typhoid, and some pneumonia, but no typhoid pneumonia.

Dr. D. A. Colton had not met any cases of typhoid pneumonia, but learned there was considerable in the east. Would like to hear from Dr. Ludlam.

Dr. E. M. P. Ludlam stated he had met a few cases recently. He found there was a great fear among the people that they would have typhoid pneumonia. Had only one fatal case of the disease and that was due more to complications. Case been ailing for four weeks. Woman was pregnant, finally she induced a miscarriage, took cold and a slight pneumonia she had, rapidly developed into the typhoid type, and in forty-eight hours died, in spite of all that could be done.

Another case is recovering on *Rhus* and *Phos*. Most of the cases called for *Rhus*.

Dr. T. C. Duncan had met only one case that at all assumed a typhoid type. Miss — taken with high fever with great dyspnoea as from laryngical inflammation. *Acon*. controlled that. Then developed a cough with severe pain in right chest, *Bry*. controlled that somewhat. Then developed severe pain in limbs, back, and bowels, with great restlessness, thirst for large quantities of water, sordes on teeth, delirium, and a very high temperature, i. e. 104 degrees. *Rhus* acted like magic. Next day she was convalescing and made a prompt recovery. He had come to give *Rhus* very early in this class of cases since then, and has no doubt prevented many serious complications.

Dr. J. P. Mills asked counsel in a case of a very fat man who had rheumatism, has now every day a severe chill, commencing in the back followed by no fever but a very severe sweat. *Bry.*, *Rhus*, *Eupat.*, *Natr. m.*, and *Merc.* only gave temporary relief.

Dr. J. W. Hawkes suggested *Capsicum*.

Dr. Ludlam thought *Phos. ac.* should help.

Dr. Hawkes related a singular case, where after miscarriage, there was severe ovaralgia of the left side when lying down, when she rose up the pain came up to the stomach. *Bell.* seemed indicated but did not entirely control.

Dr. Meissler suggested *Apis*. and *Bell.* in alternation.

[*Bell.* is coming to be very frequently indicated. Several Chicago physicians report that they find it now more often indicated than any other remedy.—ED.]

Gynæcological Department.

PROGRESS OF GYNÆCOLOGY.

- IV. **HYSTEROTOMIE.** *De L'ablation partielle ou totale de L'Uterus par la Gastronomie. Etude sur les tumeurs qui peuvent necessiter cette operation*, par J. PEAN, etc., et L. URDY, etc., etc. Paris, 1873.
Hysterotomy. The partial or complete removal of the Uterus and the tumors which may necessitate this operation. By Drs. Pean & Urdy. Paris; 1873; pp. 240.
- V. **ANATOMY AND DISEASES OF THE CERVIX UTERI.** By J. S. WEATHERLY, M. D. *Transactions of the Medical Association of Alabama*; twenty-seventh session, 1874.
- VI. **OVARIOTOMY.** By Dr. C. ORMES. *Ohio Medical and Surgical Reporter, January, 1875.*

IV. If anything was needed to justify the publication of this monograph in advance of the extirpation of the uterus for the cure of extra-uterine fibroids, that end is met by the remarkable success of the operations made by the authors of this book. "Our performance of gastrotomy for fibrous and fibro-cystic tumors has given us in the space of about thirty months, including the year of the last war, seven cures in nine operations, or about 78 per cent."

The reasons which justify this operation are well stated. "Whilst the womb is indispensable to the preservation of the species, its absence is not incompatible with life. Congenital deficiency, and atrophy of this organ are often met with. Besides, when the sexual life is finished, after the climacteric, it has played its role; it then becomes useless and even dangerous through the diseases of which it may become the seat. Therefore what mischief can be entailed upon a woman by the uterine ablation? None, except sterility. But we must not forget that in the state which calls for this operation, pregnancy is not desirable; and that sterility already exists when the tumor has reached a certain size. Moreover, since the morbid growths for which we practice this operation does not reproduce themselves, the patient need have no fears of their return. The cure, if obtained, will be complete and radical, and this fact is a strong argument in favor of the operation."

The risks of the operation are discussed at length under the heads of (1.) Hæmorrhage, (2.) Shock, and (3.) Peritonitis. Of the second of these a new idea is advanced, and one which surely needs some qualification: "The principal, if not the only cause, of death by shock, resides, we believe, in the duration of the operation. The more this is prolonged the more the patient will have lost her strength and vitality, and the more the operator may fear that she will die before many hours."

Concerning peritonitis as a contingent, we read that: "in almost

every case the peritonitis is caused by the escape of blood or of serum into the peritoneal cavity, and that with a little skill and much care, it is easy to prevent this accident." In our humble opinion there is more danger of septicæmia than of peritonitis from the retention of the blood and serum in the peritoneal cavity. The prophylaxis of the first of these conditions is secured by mopping out the lower abdomen and pelvis before closing the incision, and by drainage, and the second by giving *Aconite* and *Belladonna* in a low potency with frequent repetitions.

The fourth part, which is devoted to the manual operation, is very full, explicit, and beautifully illustrated. The conclusions arrived at are pithy and practical. (1.) "Fibrinous and fibro-cystic tumors of the uterus, having reached a certain degree of development, may entail in a comparatively short time more or less serious symptoms and even the death of the women who has them. Under these circumstances the surgeon has not only the right, but it is his duty to practice gastro-tomy. (2.) If the tumor is ever so slightly connected with the uterus, it will be better to amputate the womb above the vagina, without trying to save the ovaries, than to attempt to enucleate the tumor and thus to preserve the generative organs."

V. The author of this paper claims that the uterine cervix should be classed as an erectile gland. Under the stimulus of strong venereal excitement it discharges a fluid from its interior, which process corresponds to the expulsion of spermatic fluid in the male. He also insists that one of the causes of diseases of the cervix is to be found in incompleteness of the sexual act. If Dr. W.'s theory is correct, it certainly affords another, and a very strong argument against the indiscriminate cauterization of the os and canal of the cervix. For it is not unreasonable to suppose that these glands were created for some especial purpose, and it certainly cannot be a harmless proceeding to destroy them when they happen to be diseased, or to torture them for the relief of disorders which are remotely located.

VI. Our old friend, Dr. Cornelius Ormes, of Jamestown, N. Y., whose success as an ovariologist is a very enviable one, has recently performed a double ovariectomy in a lady aged fifty-one years. The tumors were of twenty years growth. The patient had been twice pregnant, and had given birth to two healthy children. The cysts were extensively adherent to almost every organ in the abdominal and pelvic cavities, and hence the operation was a very difficult one. A good recovery followed.

We hope the Doctor will not delay giving the profession his views of after-treatment proper in ovariectomy. For surely this is one of the most important questions now under consideration, and one that transcends all others connected with this subject. If our remedies can really lessen the risks of this operation and multiply the chances of recovery, as we believe they do, the rules for their employment should be indicated by men of experience who are competent to cure as well as to cut, and whose plan of procedure can be relied upon.

CHICAGO.

R. LUDLAM.

Surgical Department.

ON MORTIFICATION.

EDITOR U. S. MEDICAL INVESTIGATOR.—Will you admit, for the practical test of your readers, the following record of Eclectic experience? It seems to be little known among Homœopathsists.

Dr. R. S. Newton, in speaking of mortification says: "I am of the opinion, that as far as a constitutional treatment is indicated, it will be important to consider the nature of the complaint, and prescribe accordingly; but in reference to the local application, I think that one single remedy is sufficient to fulfill every indication and that more dependence may be placed upon it than upon any constitutional treatment, and there is no doubt but that the profession will willingly hail this discovery as one of importance. My practice in this malady has led me to step out of the old beaten track, in search of some agent that can be relied upon for its efficacy, its general application with safety in all cases, with but little modification, and one that will remove the necessity of so much attention to constitutional remedies, and in many cases entirely.

Sulphate of zinc is the article to which I wish to draw the attention of practitioners as a remedy for mortification, and to show its beneficial results, by the description of a few cases treated by it. It will be remembered that all cases of mortification are attended with a very offensive fœtor, which is one of the characteristic symptoms of this disease, and which is caused by a decomposition of the healthy structure of the parts attacked, and this very cause produces the continuance of the disease, the changing of which is the indication to be fulfilled in every variety of treatment that has been adopted.

No agent will act so immediately in producing this change as the *Sulphate of zinc*. The most extensively mortified surface, with the offensive fœtor arising from it, can be stopped in a few hours after its application, and after one or two applications the parts become hardened and the fœtor entirely removed. It fulfills two indications in this respect, viz: Arresting the decomposition going on in the parts, and correcting all unpleasant fœtor which may exist, and it should be borne in mind, that as long as this fœtor is present, the disease is not arrested. The following cases will be illustrative of the method of using it, in which I have found it useful.

CASE I. Mr. F., aged twenty-five, residing in Fulton, came to me in December, 1846, with an extensive mortification of the whole palatine arch and gums of the superior maxillary, succeeding a mercurial action that had been continued a long time, and which had resisted the usual treatment for its arrest. I was induced to try the *Sulphate of zinc*, and mixed a small quantity of it in fine powder, with a sufficient quan-

tity of flour and water to make a paste, this I spread upon fine leather, and applied over the parts affected, retaining it there until the paste sufficiently adhered by a sponge placed upon the tongue. I would here remark, that this was a well-marked case. The fœtor arising from the mouth was such that one could scarcely stay in the room with him. On the second day I found the fœtor much diminished, and the parts secreting but little, with a portion entirely hardened. I made a second application in the same manner and on the next morning the unpleasant fœtor was entirely removed, and the whole of the diseased parts covered with a dry hard surface, and no vestige of secretion from any part of it. I considered this to have been covered far enough, and made no further application of the *Zinc*, but recommended the mucilage of slippery elm and warm water, to be used freely in the mouth, which was pursued for three days, when the entire portion upon which the *Zinc* had been applied sloughed off, leaving a healthy appearance of the parts. It may be well to state here, that the entire structure of the arch, with a large portion of the bone, came away, after which it was treated as a common ulcer, and healed in about ten days, since which time he has remained in good health.

CASE II. Mrs. S., was under treatment for a cancerous condition of the breast. It had ulcerated, and was attended with all the unpleasant symptoms of such a condition. I made use of caustic applications for its removal, but found on the second day, that the whole gland was in a state of mortification, and that the system was fast falling from its effects. I immediately applied the *Zinc*, in the form of powder, covering the affected parts with it; in less than six hours a change of the fetid smell was very perceptible, but the inflammation continued without any abatement during twenty-four hours. On the next day, I found that the remedy had dried and hardened a portion of the diseased surface, I therefore, again applied it, and covered it with a poultice of elm bark mixed with cold water; this dissolved the *Zinc* in a few hours and had the desired effects of arresting any further extension of the mortification. In this case two applications were sufficient. It will be found that in some cases, the *Zinc* will produce a hardened surface, so as to prevent a sufficient quantity from acting through the diseased parts; this can be remedied by applying the elm poultice after the *Zinc* is used, which will soften the surface enough to allow its full action, which is known as before said, by absence of fœtor. All the dressing that is required, is the elm poultice, both before and after use of *Zinc*; if the first application increases the inflammation to any extent, apply the elm for ten or fifteen hours, after which apply the *Zinc*. The parts will usually slough off in three or four days.

CASE III. J. F., aged forty-eight, had one encephaloid tumor, situated on the leg, which required to be removed by an operation, previous to the application of medicine for its permanent cure. It was removed without any unnatural appearances attending the case. But on the second day, the whole incision, and for three inches around, became gangrenous and was accompanied with a high degree of inflammation. I immediately applied the *Zinc*, and continued it for

three days, when it was completely arrested, and in three days longer the diseased parts sloughed off, leaving a healthy condition of the remaining integuments, which were then treated without any further difficulty.

I have made use of this agent in eighty-six cases, and in each it proved highly successful, so much so, that in only five cases was a slight constitutional treatment demanded. As these cases were all similar to those given, I deem it unnecessary to particularize any further.

O. C. PARSONS.

[We admit the cases through courtesy and for the sake of comparison. Let us look at his treatment. *Zinc* is used for gangrene because it corrects the odor and gets up healthy inflammation with final sloughing of the parts. It is selected because it has done good—the only Eclectic reason. The first case was one of severe mercurialization and called for an antidote; here, we believe *Kali permanganate* would have corrected the fœtor, both general and local effects, and saved the tissue sloughed off by the *Zinc*. The second case may have been a *Carbo.* or *Arsenicum* one, but as no details are given, no Homœopath can decide. The same is true of the last case.

The cases and the reasons given for the selection of the remedy are characteristic, in the highest degree, of the school to which our correspondent belongs. To the practitioner of Homœopathy they are valueless, and can only serve to increase our satisfaction with scientific medication. The idea that the “fœtor * * * * * causes the continuance of the disease” is novel, though it may be possible that we have failed to rightly interpret the doctors meaning.—GILCHRIST.]

CANCER CONSTITUTIONAL.

“Nihil vivum nisi protoplasma.”—Beale.

MY DEAR DUNCAN: It seems that yet you feel yourself unable to indorse my idea about carcinosis, and still consider it a glandular disease. Now, my friend, is not this rather a beginning at the wrong end? You take the deposit for the disease itself; and examples are too abundant that even early extirpation of a true cancer never cured a patient, but rather hastened its fatal result. Your very idea, to consider true cancer a glandular disease, shows that there are malignant ulcerations also commonly classified among cancers, which do not attack glands, like epithelioma or some forms of lupus.

It is not a blood-disease, for the idea gains daily more ground that many of these diseases are of fungoid or zymotic origin, and from this fermentation and reproduction the stubbornness of some of these diseases originate. We know what syphilis does; what the poison is,

no authority have I found to tell me of it, or to explain on any other theory its manifold action.

Now, speaking of scrofulosis, tuberculosis, carcinosis, a trinity of the utmost obstinacy as well as of malignity, and all of them hereditary as well as intermingling one with the other, may they not be considered as diseased protoplasm? and where the *fons et origo mali* is settled in this, the only life-giving principle, can you expect anything else than a life undermined at its very roots, and which will give way at some time or another? What is hereditariness other than that some of the individual qualifications of the parent's bioplasma are transmitted to the offspring, and thus the disease germs pass from one generation to another? We see the same in all neurotic diseases, may they be insanity, corea, epilepsy, or anything else, all hereditary, all intermingling one with another, all changing from one to another; and still chemistry and the microscope fail too often to reveal the secret of the abnormal state.

The study of the protoplasm in its physiological as well as in its pathological action is still in its infancy; the study of our *Materia Medica* is not less so; and time and patience are required to adjudicate to each disease its proper place, and to follow it up with rational treatment. It is true, we heal by covering up the symptoms, but the why and wherefore are yet unknown. Will that veil ever be lifted?

You in Chicago built that beautiful "Home for infants" by single bricks, given by earnest little children. Let us, children still in scientific pursuits, also try to hand over one brick at least for the advancement of this noble edifice; and even if our brick is faulty, and thus rejected, we have the satisfaction of having done our share.

Fraternally yours,

S. LILIENTHAL.

NEW YORK, November 20, 1874.

CASES OF SURGERY.

BY M. M. EATON, M. D.

FRACTURE OF THE BASE OF THE BRAIN — RECOVERY.

A young man accidentally overturning a load of hay fell, striking on the top of the head square, causing a fracture at the base of the skull. Blood and serum oozed from the ears and nose. There was entire insensibility for twenty hours, during which time he took *Bell.* and *Arn.* 3 every hour, alternately. One of our best Old School physicians, who was in attendance with me, consenting to the treatment, as he judged the case hopeless. He continued with me in the case, however, and very kindly allowed me to suggest from time to time about all that was done. The patient was kept lying on the side to allow a free discharge of blood from the ear. As reaction came on *Acon.* 6 was given with *Arn.* 3 till the febrile symptoms passed away (the third day). He recovered fully on the use of *Arn.* and *Bell.* Was quite well in three weeks.

EXTENSIVE LACERATION OF THE SCALP—RECOVERY.

I was called, October 12, to see a child two years of age, that had fallen, ten days before, off a platform about fifteen feet, peeling off the entire posterior portion of the scalp from the top of the head down to the neck. Dr. —, Old School, called in my absence, had removed some ragged portions of the flap, and confined it in position with silk ligatures, omitting to shave off the hair and apply adhesive plasters. The sutures cut through the scalp the next day (I was told by the parents), and remained in the flaps until I saw the patient. The Doctor had contented himself with the application of some cerate to the inch and a half of the cranium the flap failed to cover, and simply held the flap up with bandages. Suppuration was of course very profuse. A portion of the flap had become adherent near its edge. The patient was feverish, and of course suffered much pain. I cut off the hair that was in and about the wound, applied carbolic acid ointment to the raw surface, pressed out the pus from the lower portion of the flap, and injected a solution of *Carbolic acid*, two grains to the ounce, applied pressure with a compress to the back of the neck over the pouchy portion of the flap, and administered *Arnica* 3 every two hours.

This treatment was continued, excepting *Arn.* was only given when pain seemed to require it. In three weeks the flaps had become adherent throughout, and the denuded surface had healed over.

This case shows the wonderful reparative power of nature in wounds of the scalp, as well as the surprising treatment of one who is considered a first class surgeon of the Old School. Why he did not shave off the hair and apply adhesive plaster to support the flap and relieve the strain on the stitches, is more than I can understand.

ANOTHER CASE.

This case reminds me of the case of Mr. G., who was attacked by two highwaymen while returning from his store one night about 11 o'clock. His little son, who was with him, screamed and attracted the attention of some men near by, who ran to his rescue, when the robbers left, leaving him insensible, having inflicted no less than eleven wounds on his head and face, five or six of them from two to four inches in length. I was called, and arrived in about an hour. Restoratives having been used, he was partially conscious, but sufficiently benumbed to require no anæsthetic. I proceeded to dress his wounds, though it seemed almost useless, as it would appear that so many severe wounds must prove fatal. I shaved the head completely, and dressed the wounds with adhesive plaster (*isinglass*), after carefully washing out all foreign substances with *Arnica* and water. I then applied a compress of prepared cotton over the entire head, and gave *Arn.* 6 every hour. He was entirely well in two weeks, excepting weakness from loss of blood.

This case shows, to my mind, the great advantage of thorough dressing, and that ligatures in the scalp had better be omitted if possible; that when the wounds appear to be doing well, 'tis better to let them alone, when well dressed at first, and suppuration does not require

their removal; even then it is better to cut an opening for the escape of the pus, and not disturb the main part of the plasters. We are told that "meddlesome midwifery is bad;" and to my mind "meddlesome surgery" is equally so.

The case I have related of fracture of the base of the skull, is worthy of record, in that so few cases of the kind recover—this being the second case I have seen. The first was under my care in the City Hospital of Chicago, in 1859, and proved fatal. Druitt, in his work on surgery, mentions but one case he had known to recover; and Gross speaks of recovery as being almost impossible, he having seen but one case recover.

PEORIA, Ill.

DISCUSSION ON CANCER.

BY THE CHICAGO ACADEMY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

H. B. Fellows, M. D., President, in the Chair.

After the reading of the Report on Surgery, by Dr. A. G. Beebe, Chairman of the Surgical section, (see U. S. MEDICAL INVESTIGATOR, page 42).

Dr. T. C. Duncan remarked that he had been deeply interested in the report, and especially in that part referring to the etiology of cancer. This disease, it is true, manifests itself at the point of lowest vitality. There is not enough of activity of the part to reproduce complete new cells, only the nucleolus and nucleus subdivides, so that we have a mass of imperfect cells that accumulate as in scirrhus, encephaloid, etc., or fall off as in epithelioma, lupus, etc. But whether the disease originates in the part or only becomes localized from general systemic depression is the question. He is of the opinion it is a systemic disease with a local manifestation. Why the system becomes depressed was no doubt largely if not entirely due to the nervous system. Another interesting inquiry: How is the nervous system depressed to give rise to this manifestation? The action of the various remedies will no doubt yet throw light on this point.

Dr. G. D. Beebe.—The essayist does me injustice in stating that I at first rejected the neural pathology of cancer, and have since adopted the views urged upon me by him. The facts are, that when he came into my office as a student I was already engaged in the use of *Carbolic acid* in the treatment of cancer, and studying the pathology of that disease under the light thrown upon it by the use of *Carbolic* and *Acetic acids*, both topically and by the stomach. By a series of experiments and investigations, running through several years, I was led to modify both my views and treatment of cancer, and it so happened that the author of the essay, Dr. A. G. Beebe, entering my office as a student, there and then made his first observations upon both *Carbolic acid* and cancer. It is hardly fair for him at this date to assume the results of

my investigations as original with himself, and to attempt to persuade the profession that I derived my knowledge upon these subjects from him.

I fully concur in the view taken by the essayist, that the use of plasters in the removal of cancer should be discountenanced, and without any knowledge of the subject matter of the essay to be presented here, I had prepared a short preamble and some resolutions which I will offer in the hope that this Society will find in them a proper and timely expression upon this subject.

WHEREAS, In the treatment of cancer many valuable lives have been and are now being sacrificed by the application of "*Plasters*" in the hands of ignorant persons, therefore

Resolved, That it is the sense of this Academy, that the use of plasters in the removal of cancerous tumors should be wholly abandoned, it being impossible to limit their action to the diseased growth, while their use is attended by far greater suffering and risk to life than surgical operations.

Dr. A. G. Beebe—I heartily endorse the resolutions, and would mention a parallel case in my own observations which fell into the hands of this same quack. A young man had encephaloid over the head of fibula, which had been called by some surgeon necrosis. Considered the case curable, and in consultation expressed this view. The other surgeon thought an operation would only hasten the fatal result and desired to try galvanism. I left the other surgeon to report the views elicited by the consultation, but learned afterward he only gave his own view and made me concur in it. Discouraged by this unfavorable view, the case was put into the hands of these quacks. After three or four weeks was again called, and found the integument and adipose tissue had been destroyed from above the knee two-thirds of the distance to the foot and over nearly the entire circumference of the leg, exposing the tibia and the surface of the tumor *which was itself untouched*. The leg and foot were already gangrenous and death occurred next day. The course taken by the other surgeon in expressing an unfavorable prognosis, and misrepresenting mine, undoubtedly had the effect to throw the case into the hands of these quacks, and sacrifice his life. The mother of the boy says he was murdered in cold blood.

Dr. G. D. Beebe—With regard to the sloughing of flaps after the application of Esmarch's bandage, I am fully persuaded that sloughing has only occurred where the flaps have been freely mopped with *Carbolic acid*, a practice which obtains with some European surgeons.

Dr. L. C. Grovesnor—In a case of cancer occurring in my own practice, the tumor was removed by a surgical operation and dressed with lint saturated with carbolic cosmoline. I gave internally eight to ten drops of the one-twentieth solution of *Carbolic acid*, repeated three or four times daily. Would ask Dr. G. D. Beebe how he would administer it as prophylactic after operation.

Dr. G. D. Beebe would give three to four grains of the *acid* per day for a few days before and persistently after an operation, gradually diminishing the dose after some weeks or months. Had not observed general nervous prostration from this amount of the *acid*. Had one case where anesthesia of the flaps followed amputation of a mammary

scirrhous, with great thickening and induration. This condition, which at first caused much anxiety, was speedily removed by the induced current of electricity.

Dr. L. Dodge was greatly interested in the paper as it leads to new fields of investigation not found in the books.

EPILEPSY.—THE SETON, A CURE.

Since locating in this place, I have had three cases of this unpleasant disease. They all seem to differ in regard to symptoms, time of spasm, and severity. The last case I wish to note particularly, for it presents a peculiar time for the spasm.

Mr P., aged twenty-six, single, bilious temperament, height five feet, and well proportioned man. At the age of fourteen, while attending school, he became very angry at one of his school-mates. While in that state of mind he had a spasm, lasting from two to three minutes, and since that time they have come periodically at the new of the moon and lasting to the full, each time seeming more severe than the first. During that time he would have from two to three spasms a day.

He has been treated by a number of Allopathic physicians with no special benefit.

I introduced the seton in the back of the neck and gave him *Sac. lac.* to take night and morning, and now at the end of three months he has had no return. I treated all three cases alike, with the same flattering results.

Query.— What had the moon to do with the disease? Yours truly,
LITTLE YORK, Ill. G. H. BREED.

[Much, we believe. At that stage of the moon there is less oxygen, less light, less ozone. The blood is more venous. There is more stagnation in the central sinuses and pressure upon the medulla, which would give rise to the spasms. The seton, which is neither scientific nor Homœopathic, cures by producing a drain upon this part of the blood current—transforming the blood into pus. It tends also to, so to speak, accustom the nerve-centers to irritation; *Bromide of potassium* works in the same way, but both act mechanically. Epilepsy has been and can be cured by our remedies prescribed according to the law. It is frequently, however, very difficult to match a remedy to cases as usually examined. The knowledge of any method of relief is valuable.]

REPLY TO DR. WOODYATT.

I am glad to be castigated when I deserve it, and cannot complain if others adopt my suggestions and criticise our magazine productions for the good of us all. Still, you must not misrepresent things too much.

The type, or my unfortunate selection of words, has led you into an error. My object was, and I thought it had been stated, to give the result of three month's surgical practice as a comparison with Old School results, and asked others to follow my lead for the same period of time, in order to publish some statistics. I therefore *intended* to have said, and I find my meaning is not clear, that having in the past referred solely to surgery in connection with therapeutics, for this once it was proposed to speak of the mechanical side of the question, for the purpose as above stated. Accordingly, my case-book was brought into requisition, and it was thought it was at least *honest* to give a literal record, regardless of the result in each case, and incidentally refer to little points of disputed or new pathology, as well as the after treatment, when it seemed at all necessary. With this explanation, go on, *mon ami*, and don't spare your powder.

J. G. GILCHRIST.

Materia Medica Department.

THE HOMŒOPATHICITY OF ELECTRICITY.

(Continued from page 146.)

IS ELECTRICITY HOMŒOPATHIC TO PARALYSIS.

There is probably no affection to which electricity has been more generally and persistently applied than this. So early as 1744, Kaatzenstein reported a case of paralysis of the fingers cured by sparks drawn from a frictional apparatus. Since that time, medical literature has been full of cases of paralysis, cured by electricity in one form or another. Is there just ground for the confidence reposed in it in this affection? Is this agent a similitum to it? Will electricity in a full or over-dose produce its parallel? Or are the reported cases of cures of paralysis by means of electricity only quasi cures; error of judgment; or cures that would have taken place anyhow, under any form of treatment or no treatment at all? Of course no proving of electricity has been made or is likely to be made pushing the effects to the point of paralysis, but the few accidents that have occurred in the course of experiments, show conclusively, that paresis may be induced by the electric current. For example, in 1749, Jallobert, of Geneva, published a treatise on the medical uses of electricity, in which he reported a cure of long-standing paralysis of the right arm, *resulting from electric sparks*. In 1763, Dr. Hart, brought on paralysis in a girl; and Mazras, excited epilepsy in one of his patients.

Althaus cites a case where a strong galvanic current, applied to the temple, paralyzed the optic nerves and destroyed the sight; and Ritter, who is the only writer on electricity who has experimented with a very intense current upon his own Schnederian membrane, reports that the inconvenience caused him by the experiment was frightful. He gives as the result of his researches, that in certain directions of the current an acid taste and an acid smell were perceptible. *and a loss of the capability of sneezing*, showing a paralysis of the local nerves, which was apparent, not only at the commencement of the current, but also when the circuit remained closed and for a short time after it had been broken. Beard and Rockwell, after mentioning at some length, the experiments of Weber and Mattencci on living animals, in which they attempted to show the effect of electrization on the brain and spinal cord, assert as a deduction from their experiments, "*the galvanic current applied through the spinal cord for a long time produces paralysis.*"

In this connection some experiments of Dr. Brown Sequard are apropos and interesting.

By experiments on rabbits, he clearly demonstrated that a powerful electric current devitalizes a muscle and accelerates retrograde metamorphosis—precisely the change which we find so uniformly in muscles that have been paralyzed.

He subjected the hind leg of a rabbit to the action of a powerful magneto-electric current, and afterward killed the animal. Two hours after, the electrized limb was found to have stiffened, while the other hind leg was still limber; two hours later, the rigidity of the paralyzed limb began to decrease, while it had just begun in the limb that was not faradized. A week later, the former was in a state of decomposition, while the latter was still rigid. He then took another rabbit, cut off both forelegs and subjected one of them to the action of an electric current. The muscular irritability decreased slowly, until, at the expiration of ten minutes it had so far disappeared that rigidity began to be apparent. The other extremity was still irritable. In half an hour the rigidity of the faradized limb began to decrease, while it was five hours before there was any appearance of rigidity in the other. In a corresponding manner, decomposition had made considerable progress in one extremity while the other was still rigid. If these experiments of Dr. Brown Sequard show anything, they show that a muscle subjected to a powerful electric current is acted upon in such a way as to hasten its decay and bring about that structural change we see so generally in paralyzed muscles.

If then we have succeeded in showing that paralysis may be induced by electricity, will it cure it, when it presents itself as a diseased condition? That it will do so—that it is indeed the best and most reliable remedy we have for it—is so generally a received opinion, that I shall not attempt to prove it by a citation of cases, as I could easily do, from notes taken from my own practice, and from cases compiled from various authors who have recorded their successful cases. Medical literature, and especially the literature of electro-therapeutics is full of cases which confirm beyond question the curative power of the

electric current over paralysis. But we must not therefore jump at the conclusion that all cases of paralysis are therefore curable by it. Not all cases are curable by any means at our disposal. Where the origin of the paralysis is in a structural disease, or decay of a nervous centre, or where there is a permanent break in the continuity of the conducting nerve, no human power can be of any avail to remedy the evil. But where the cause is functional, as in the paralysis of exhaustion, or arises from simple congestion, and especially when the paralysis is peripheral rather than central in its origin we have in the electric current as near a specific as we can come in all the range of therapeutics.

It is as closely related as a similitum as *Aconite* is to fever. So far as fever is an independent symptom, or dependent on causes also within the scope of this remedy, *Aconite* is a specific. So of paralysis. No remedy has equal power over it as compared with electricity.

In peripheral palsy where there is no loss of continuity or destruction of substance, electricity ought, a priori, on Homœopathic grounds to be a specific; and in paresis having a central origin when there is simply exhaustion of the nerve centers or where the lesion is one of hyperæmia or anemia of these centers; in other words, where the paralysis, or rather its cause, is functional rather than organic, it ought to, and does, prove itself the remedy of remedies.

Just here let me say, that we make a mistake generally in our treatment of paralysis, in postponing the use of electricity until a retrograde metamorphosis has taken place in the paralyzed muscles that will necessarily protract it.

If we would have our treatment produce speedy results, the affected muscles must be faradized at the earliest possible moment, before this structural change has begun, otherwise the specific action of our remedy must wait upon the slow process of upbuilding by renewal. If by chance, or by the necessities of the case we do delay the use of electricity, we shall make another mistake if we expect, ourselves, or lead our patients to expect, that a restoration of power is to be speedily accomplished. In such cases, even curable ones, not days, or weeks are requisite to a permanent cure, but weeks, and months, and oftentimes years; and while electricity is the reliable and the specific remedy, so far as we can have a specific in such a condition, we must not forget that this physiological process of upbuilding, to which I have alluded, must take place—a process that is always tedious—before the muscles are in a proper condition to receive and obey the nervous stimulus.

The great aid to this process to be derived from exercise, frictions, and bathings, should always be utilized as auxiliary means.

NOTE.—Dr. A. Stech has done good service in turning our attention to the importance of reflex movements as means of diagnosis in deciding the question concerning the central or peripheral origin of a paralysis. If, for example, in the case of a paralysis of an arm, or a leg, in which this question presents itself, the medical attendant is able, by means of peripheral irritation, to evoke reflex movements, he then knows that the conducting power of the sensitive nerve, from its

extremity to the spinal cord, duly performs its function; that the contiguous motory part within the spinal cord is excitable, and that from this point back to the muscle, no obstruction to the conducting power is present; that, consequently, the disease has a central origin.

QUASI PARALYSIS.

If it be granted then that electricity is Homœopathic to, and curative of paralysis, or at least of certain general forms of it, much more so is it curative in those partial or local paralysis in which the chief characteristics are loss of function; absence of fever; and absence of organic lesion; such cases, for example, as nervous aphonia; amenorrhœa; spermatorrhœa; paralysis of neck of the bladder—sphincter-vesicæ; nervous deafness; amaurosis; loss of smell and taste; hysterical anæsthesia; prolapsus ani and uteri, and intestinal atony. In these several affections, all of which I have treated successfully with electricity, and some of them many times, I can assure the profession they need make few, if any, failures, if the strength of the current be properly graduated to the case and the treatment is sufficiently persisted in.

HYPERÆSTHESIA.

In the beginning of this paper I cited a case of general hyperæsthesia caused by lightning, and cured by electricity. There are certain neuralgias of the nature of hyperæsthesia—an over-sensibility of certain of the peripheral nerves, which renders them exceedingly liable to take on a neuralgic condition on the slightest exposure to cold, and which are very amenable to electrical treatment.

Athaus, Duchenne, Meyer, and indeed all of the late writers on electro-pathology are enthusiastic in their laudations of this agent in the treatment of neuralgia, but most of them are careful to specify that it shall be due to a morbid exaltation of sensibility and not to structural changes.

No disease or affection affords stronger *a priori* proofs of the position here taken that electricity does follow the law of similars in its therapeutic action, as any one can easily determine for himself if he will apply a strong galvanic current along the course of any nervous trunks.

SPASMODIC AFFECTIONS.

We shall cite but one other class of affections whose causation and cure tend to corroborate this therapeutic law of similars, before passing to our conclusions. This class is the spasmodic or tetanic, including hysterical and muscular cramps; chorea; spasmodic contractions; epilepsy; catalepsy; and tetanus itself.

All recent writers on Medical Electricity speak of electrical tetanization, which was discovered by Ritter, and hence is frequently referred to as Ritter's tetanus. DuBois Reymond was the first to employ electrical tetanization for the purpose of studying the electro-motive state of a muscle while in a state of activity. By electrical tetanization is meant, the fact, that a muscle whose nerve has been acted upon for some time by an upward current passes into strong tetanus the moment the circuit is opened. That electricity will not only produce these

affections, but will cure them, we have ample testimony. Dr. Remak asserts that all sorts of contractions, especially those which are caused by irritative diseases of the nervous centres can be cured by the application of the nervous centres. He states that, after a few minutes galvanization, the muscles previously contracted are relaxed and rendered amenable to the influence of volition. Dr. Golding Bird has reported thirty-seven cases of chorea treated by electricity, only one of which was not cured. Athaus states that he has treated sixty-four epileptics with decidedly beneficial results in all but two cases. Meyer, Garratt, and Morgan testify to the efficacy of the electric current in spasmodic affections.

Matteucci was the first to recommend electricity for tetanus, and for the purpose of showing its curative action, he tetanized frogs with *Strychnia* and then subjected them to the action of a direct continued current. The frogs died without any of the usual convulsions that accompany death by *Strychnia*. Later, Eckhard, a German physiologist, proved conclusively that neither chemical nor mechanical irritation could induce contractions in a muscle while it was under the action of the continued current.

The case of the Englishman, Land, who was poisoned by *Strychnia*, and to whom I applied electricity at the instance of my friend, Dr. N. F. Cooke, has been already reported to this Society by him. At the time the application was made he was in a violent tetanic spasm which had lasted an hour or more; opisthotonos was very marked, and every extensor muscle of the body was on the stretch, but perfect relaxation of all the tense muscles followed almost immediately the application of an induction current of moderate intensity.

FURTHER EVIDENCE.

There are some other experiments, which, while made for a very different purpose, still serve our object in substantiating the position we have taken. For example, Pflüger discovered that the action of the electric current on the splanchnic nerves, which arise from the six lower dorsal ganglia of the sympathetic, immediately arrests the peristaltic movements of the small intestines, while Mr. Lester has found that this power is possessed only by a very strong electric current while a very mild current *increases* the peristaltic action. The experiments of Kupffner and Ludwig confirm this fact, and show that galvanization of the splanchnic either cause peristaltic movement or the reverse, according to the degree of the excitation. (Beard and Rockwell's Medical and Surgical Electricity, page 64.)

The authors also make the following statement:

“Weber has investigated the action of the induced current, and Matteucci that of the galvanic, upon the brain of living animals. They found that electrization of the cerebrum or cerebellum was followed by no visible effect; but when the tubercula quadri-gemina were brought under the influence of the current, clonic cramps were produced *similar in character to those associated with certain diseases of the brain.*”

“Electrization of the medulla oblongata or the spinal cord, produced tetanic convulsions. Rigid cramps of all the muscles of the trunk and extremities follow electrization of the spinal cord when an electrode is

placed at either extremity of the cord. Cramps of the same character are also produced when one electrode is applied to the anterior and the other at the posterior column either at the upper or lower extremities."

After stating some other results of these experiments, Beard and Rockwell say:

"Hence, it is fair to conclude, that the muscular contractions observed, are not due to the passage of the electric current from the nervous centre to the motor nerve — but from the fact that *electrization excites the inherent power of the cord from which arise the muscular contractions.*"—(B. & R., p. 62.)

[TO BE CONTINUED.]

SULPHATE OF QUINIA.

Dr. W. A. Hammond, of New York, to settle a disputed point in regard to the action of *Quinia* upon the cerebral circulation, made the following experiments upon himself. Dr. Roosa made the ophthalmoscopic and aural examination. The eyes and ears were in a healthy condition, except the "palpebræ congested at the outer and inner canthus." "Pulse 90."

"Took gr. x *Sulphate of quinia* at 8:30 P. M. At 9 P. M. ocular conjunctiva is congested at outer and inner canthus. Palpebral conjunctiva markedly congested over whole surface. No change in optic papillæ or in drum-heads.

"9:15. Surface of optic papillæ pinkish; arterial vessels seem more distinct; no change in appearance of drum-heads; no tinnitus aurium.

"Head feels full; left ear rings; auricles burn; face is decidedly flushed; auricles red, especially lobe of right, where there is a localized congestion that is so marked as to resemble an ecchymosis. There is now a vessel along each malleus; optic papillæ are pinkish. Pulse 84, and fuller.

"10:30 P. M. Right drum-head is very much injected along handle of malleus and upper margin; left less so, but yet injected; both papillæ very pink, left more so than right; face flushed, eyes suffused, ocular conjunctiva decidedly congested; slight headache; tinnitus in both ears.

"Redness of auricles diminishing, especially the circumscribed spot on the lobe of the left one; face still flushed; tinnitus continues; no headache; feels exhilarated; drum-heads still injected along malleus — not more so, however, but rather less; optic papillæ have a decidedly pinkish hue; no more lateral vessels seen, however; right is especially pink; tinnitus still continues; vision normal.' No further observations were made."—*Psychological and Medico-Legal Journal*.

These phenomena indicate cerebral hyperæmia. But Dr. Hammond experimented also upon a triphined dog with a cephalo-hæmometer. In no case in the latter experiments did the instrument show a less amount of blood in the brain than normal.

"Dr. S. Caro (*New York Medical Record*, June 1, 1874) gives several examples in which, after all other remedies had failed, hæmoptysis, bronchorrhœa, epistaxis, and menorrhagia were relieved by the use of *Quinine*. To explain these results we make the following extracts: A solution of *Quinine* (eight grains) was injected under the skin of the

hind leg of a small dog. The temperature soon fell four degrees. The chest being opened the heart was found relaxed, the cardiac impulse weakened, and the blood less rapid and voluminous. The arteries were seen to diminish in size, and the capillaries seemed empty or atrophied. In a second dog of the same size fifteen grains were injected. The temperature was lowered eight degrees, and the animal soon died from paralysis of the heart. The chest being opened, the heart was found completely relaxed — as soft as a rag, with scarcely any blood in the left ventricle. Into a third dog three grains were injected. The temperature rose one degree, and the pulse became more frequent. On opening the chest the heart was found tense and beating rapidly. Before the use of the *Quinine* the blood-corpuscles were found thin and running about; after the injection of the *Quinine* the corpuscles were shrunken in various irregular shapes, indented or jagged at the edges, and very much altered in shape.”— *Detroit Review*.

MEGARRHIZA OREGANA.

A NEW REMEDY FROM CALIFORNIA.

There has recently come to my knowledge some alleged wonderful properties belonging to this drug, and it would seem as if it ought to be brought to the knowledge of the profession, and a good proving given it. It belongs to the family of cucurbitaceæ, is called *Megarrhiza oregana*, or *Echinocystis* (big root, man-root), and is a native of the Pacific slope. It is a small, creeping vine found at the foot or bottom of canons, sides of the mountains, and along the margins of creeks and rivers. It resembles the cucumber in stem and leaf. Its flowers are white, bell-shaped, capsule, like the *Datura Stramonium*; the seeds are oblong and flat, two or three in number, and in separate apartments. The root attains an immense size, from twenty-five to one hundred pounds in weight, sometimes taking the shape which gives it the name of homoradix, or man-root. In texture the root is spongy or porous, and exudes a milky liquid, with a very bitter taste.

To an Allopathic physician of this State I am indebted for the following: “The therapeutic effects of an aqueous solid extract, from four to five grains, is emetic and hydrogogue cathartic, analagous to *Podophyllin*, excepting so much nausea attending the fæcal evacuations. It has been in use by the Mexicans and Indians for the cure of intermittent and bilious diseases, and is a family cure-all for boils and carbuncles when applied fresh in the form of a cataplasm. I have had considerable practical experience of its utility in chronic enlargement of the spleen (ague-cake), a disease quite common in this section of the country. Last winter, with Dr. A. R. Brown’s acupuncture, I applied over the left side of a woman an alcoholic tincture of *Man-root*. In eight hours after the application she had eight evacuations from the bowels. This woman had the most enlarged spleen I have ever seen. The first application reduced the enlargement one-half, and a few applications succeeded in reducing the organ to its normal size. I have used the aqueous extract in two-grain doses at night, in hepatic torpidity, with good effects.”

Such is the report of one who has used it, and it would seem as if there was virtue enough in it to warrant an investigation. I expect soon to receive some of the root, which I shall dry, and if any one wishes to prove it I shall be pleased to send the dried root for that purpose; but I would wish that the results might be sent to me, that they may be arranged for the benefit of the profession. G. M. PEASE.

NO. 10 ELLIS ST., SAN FRANCISCO, CAL.

Book Department.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.

ACUTE INFECTIOUS DISEASES, VOLUME I.—Edited by Dr. H. VON ZIEMSEN, Professor of Clinical Medicine, in Munich, Bavaria, By Professors LIEBENMEISTER, of Tübingen; SIEBERT, of Breslau; HÆMISCH, of Griefswald; HEUBNER, of Leipsig; and OERTEL, of Munich. Translated by Drs. R. H. Fitz and Chas. P. Putnam, Boston. American editor, ALBERT H. BUCK, M. D. New York: William Wood & Co., 1874; 8vo; pp. 788; \$5.00.

As the American editor in his preface truly says :

“For some time past, physicians, both in this country and abroad, have felt the need of a work or series of works which should furnish a complete picture of the present state of medical knowledge in the departments of etiology, pathology, and treatment. The ordinary text-books do not supply this want, and the busy practitioner cannot afford to spend either time or money upon the scores of monographs which are constantly being published. A series of treatise, however, written by men who are skilled in the different departments of medicine, and published in such a form as to make, when complete, a compendium of reference, would meet in great measure this demand. Such is the character of the work that has been begun in Germany, and which is now being published in the English language.”

While the above is true, the reader will enquire in his mind: are the authors able to do the work they undertake? To help answer that query is given a sketch of the editor and his assistants, and from this we learn that they are no novices, but are old men, careful observers, and skillful writers and practitioners, in fine, have made special studies of the branches they write upon.

The subjects treated in this volume (Vol. 1 of a series of some fifteen) are Typhoid fever, Relapsing fever, Typhus fever, Cholera, (cholera Europa, and c. Asiatica,) Plague, Black Death, Yellow fever, Dysentery, and Epidemic Diphtheria.

In a work of this kind we expect to find about all that is written upon these subjects, and such is the fact—excepting, of course, all Homeopathic literature.

Typhoid fever is elaborately considered in two hundred pages. The various means of treatment used are considered, and most stress is laid upon cold and *Quinia*. Cold may cure in Germany, but it kills in America. *Digitalis* and *Veratrum* are mentioned but not a word is said about *Bryonia*, *Rhus*, *Arsenicum*, or *Baptisia*—our valuable remedies, otherwise the subject is well handled. Cholera takes up one hundred and twenty-two pages and is well written. Cholera nostra or morbus differs, the writer thinks, from both cholera epidemica, and also cholericine, so frequently prevalent before, during, and following an epidemic. Cholera morbus, it is believed, depends upon the common elements of decomposition for its cause. Cholera infantum, and cholera morbus are identical, it is here believed. Then why not call them both carbonic acid poisoning? The epidemic form, it thinks, "is due to a foreign specific, originally imported, but now acclimated germ." Whether this is so, or whether it is dependent upon the generation of carbonic and nitrogenous gases which together form Cyanogen, as Dr. Horn believes, (vide MEDICAL INVESTIGATOR, Vol. XI, page 213) we leave for future investigators to decide. Possibly the germs are a product of the above rapid chemical change (in both atmosphere and body) and only incidental to the attack of cholera. In the treatment, *Opium* is the sheet anchor in all. In cholera infantum and epidemic, stress is laid upon *Nitrate of silver*, (one grain to aqua two ounces). The article closes with this significant hint: "The best treatment of cholera, therefore, is a carefully regulated hygienic and correctly interpreted *symptomatic* treatment." The chapter on plague is a valuable one. The article on yellow fever seems largely borrowed from the work of our La Roche. Dysentery is ably handled. In the treatment *Opium* is condemned and mild laxatives preferred. Diphtheria is elaborately treated. This "is one of the oldest epidemic diseases of the human race." "Sulphate of copper and honey" used to be the remedy. The cause of this disease, it is contended, is parasitic, "without micrococci (spherical bacteria) there can be no diphtheria." How bacteria acts to produce diphtheria is the question they are not able to solve. As bacteria are incident to decaying mucus, may they not be in this case also. The cause of diphtheria according to our mind is atmospheric, and the treatment should be constitutional. The treatment here given is a resume of Allopathic literature. In the paralysis following, tonics and electricity are the means relied upon. Would that they knew how valuable *Gelsemium* was here! *Strychnia* they affirm, does harm, as might be inferred from the large doses usually prescribed.

The work closes with a copious index. Typographically it is a beauty.

We look upon this volume as a valuable addition to medical literature, and if the succeeding volumes are equal to this one, (we can judge better when we have seen others,) no physician's library should be considered complete without the Cyclopædia of Practical Medicine.

ELECTRO-SURGERY, WITH CASES AND OPERATIONS. By E. A. MURPHY, M. D., New Orleans, La.

In this pamphlet (from THE MEDICAL INVESTIGATOR, January,

1874) Dr. Murphy gives us a brief account of the history of electricity in surgery and medicine, and illustrates its application to organic changes by reference to a number of cases. The pamphlet will repay careful perusal. The cases treated lead one to suppose that we have as yet but a very imperfect acquaintance with this powerful agent; but we must, while acknowledging the author's skill, deprecate his dictatorial manner. We are promised an exhaustive article on this subject at an early day, from the talented author. G.

Medical News.

MEDICAL RECUIITS.

COMMENCEMENT OF HAHNEMANN MEDICAL COLLEGE, CHICAGO.

The commencement exercises of Hahnemann Medical College, were held February 11th, in the First Methodist Episcopal Church, Chicago. The attendance was quite large. The gentlemen composing the corps of professors and instructors occupied the platform, and the graduating class the first circle about the speaker's stand.

The exercises were introduced with an invocation by the Rev. Dr. H. W. Thomas, pastor of the church, after which Hoffman's orchestra discoursed some excellent music.

Professor J. S. Mitchell, Dean of the Faculty, submitted the annual report of the college, which contained some statistics of interest. Every branch of medical science, he stated, was now in charge of a well-trained and experienced professor. The chairs, at present numbering thirteen, and combined seven different departments. For clinical illustrations the hospital had been very ample; besides which there was a free dispensary. The alumni and friends of the college had rendered valuable service in supplying cases of every nature most difficult to diagnose, while the finances of the institution were reported in a flourishing condition. The regular term for 1874-5 commenced Sept. 30, 1874, and concluded Feb. 10, 1875, during which period nearly six hundred lectures have been delivered, about one-fourth of which were clinical. The present classes of the college number eighty-six, the graduating class consisted of thirty-five persons, several of whom are ladies.

Professor A. E. Small, the President of the college, delivered a brief address, and conferred diplomas on the following graduates.

GRADUATING CLASS AND THESES.

Chas. H. Adams, Ill., Periprocitis; Mrs. Annie E. Bailey, Ill., Mea-

sles; Mrs. Laura S. Ballard, Tenn., Medical Electricity; Chas. C. Brace, Neb., Enteritis; Louis S. Cole, M. D., Ill., Electricity in Consumption; Chas. W. Cook, Ind., Intermittent Fever; Lorenzo D. Coombs, Wis., The Heart and Its Sounds; Mrs. Ettie R. Cowell, Ill., Professional Lying; John J. Davis, Wis., Emphysema; Geo. K. Donnelly, M. D., Mo., Reproduction of Man; A. H. Dorris, A. M., Wis., Cholera Infantum; Frank Duncan, Ill., Necrosis of the Tibia; L. W. Elliott, Ind.; Adelbert C. Fisk, Ill., Peritonitis; Horatio S. Gatchell, Jr., Wis., Hygiene; Edward H. Grannis, Minn., Differential Diagnosis of Cancer and Ulcer of the Stomach; John L. Harris, Mich., Report of a Case; Charles N. Hazelton, Ill., The Encephalon; Mrs. E. L. Hutchinson, Mich., Food for Invalids; Hollis S. Knowles, Iowa, Cerebro-Spinal-Meningitis; Jos. Lewis, Jr., Wis., Scarlatina; John Livor, N. J., Hospitals; Charles H. Judwig, Mich., Arsenicum Poisoning; Thos. M. Martin, Wis., Typhoid Fever; Emory J. Marshall, Mich., Urea in the Blood; J. S. Maxon, Wis., Pneumonitis; Geo. W. Randall, N. Y., Pneumonia; Jno. W. Reynolds, Ill., Constitutional Diseases; E. M. Rosenkrans, M. D., Mich., Food; Albert Schloemilch, Wis., Phlyctenula Ophthalmia; Jno. R. Stevens, South Australia, Hydatids of the Liver; Angelo P. Welles, Ill., Hay Fever; G. Weston Williams, Mich., Mental Hygiene; William H. Willson, Wis., Diabetes mellitus.

Professor Rodney Welch, A. M., M. D., of the Chair of Chemistry and Toxicology, delivered the valedictory address on the part of the faculty. The lecture was an extensive treatment of the knowledge, duties, discouragements, responsibilities, and possibilities of the members of the medical profession, and contained numerous suggestions especially applicable to the young practitioners going forth from college halls with a paucity of lucre, a little information, much enthusiasm, and a very large roll of parchment.

Dr. Charles C. Brace, of Nebraska, in pleasant voice, easy style, and with even and well-turned phraseology pronounced the class valedictory, at the conclusion of which Dr. Joseph Lewis, after brief remarks, conferred the Institute Diplomas.

BANQUET.

The exercises in the church closed with the benediction by the Rev. Dr. Thomas, after which the faculty, the graduating class, and numerous friends, to the number of one hundred and fifty, adjourned to the Sherman House, where a banquet was prepared for the delectation of the epicurean disposed.

At the conclusion of the banquet the following toasts were proposed and responded to:

1. Our Eminent Professors—May their interest in the college for the future equal their successful aid in the past. Responded to by Professor A. E. Small, President of the college.
2. Religion as related to medicine. Responded to by the Rev. Dr. H. W. Thomas.
3. Our Alumni—The hope and pride of the college, as their record nobly stands the test of time. Responded to by Professor J. S. Mitchell.

4. The Graduating Class—The best ever known and to continue the best until Feb. 11, 1876—may it ever deserve well of its Alma Mater. Responded to by Professor R. Ludlam.

5. The Hospital, the right arm of the College—May its shadow never grow less, but become broader and broader, until it embraces the greatest clinical school of the world. Responded to by Professor W. Danforth.

6. The Faculty—May it strive to fulfill the highest demands of the profession for a better system of medical education and worthy exponents of it. Responded to by Professor W. H. Woodyatt.

7. The Ladies—peace-makers, and peace-breakers; in religion, orthodox; in medicine, heterodox. What shall we say of them? Responded to by Professor E. H. Pratt.

DETROIT HOMŒOPATHIC MEDICAL COLLEGE.

The fourth annual commencement of the Detroit Homœopathic College was held February 11th, and despite the very inclement weather was largely attended. The President, Dr. F. X. Spranger, presided, and the exercises were opened with prayer by the Rev. Dr. Eddy.

The address to the graduating class was delivered by Professor Wm. C. Clemo. He spoke of the laws of radiation and absorption, dwelling somewhat upon the modern accepted theories regarding them. These laws, he argued, applied to the intellectual as well as the physical world. Minds radiate and absorb intelligence. Colleges and schools are centres of radiation, and so he brought his discussion down to a practical application.

The degree of M. D. was then conferred by the President, Dr. F. X. Spranger, on the following:

Wm. W. Seeley, N. Y.; Geo. C. Vincent, Mich.; Luman M. Godfrey, Mich.; Poulette T. High, Mich.; Elizabeth A. Nobles, Ohio; Frank A. Warren, Mich.; Geo. Dart, N. Y.; Aaron W. Jenkins, Mich., Wm. H. Roberts, Vt.; Fremont Soans, Mich.; Albert B. Grant, Mich.; Wm. H. Griswold, Mich.; Warren F. Houghton, Mich.; Robt. F. McTavish, Canada; Mary E. Ives, Washington, D. C.; Alex. Clark, Canada; Wilbur F. Thatcher, Iowa; Jason Steel, Mich.; Everett D. Weed, Mich.

After music and a brief address by Professor B. F. Bailey, President of the Hahnemann Medical Institute, the fellowship degree of that Institute was conferred upon most of the members of the class.

The valedictory was then delivered W. F. Thatcher, of Iowa, and the exercises closed with the benediction by the Rev. Mr. Mercer.

The Homœopathic College is now in a more flourishing condition than ever before. The number of students during the term which has just closed was seventy-four, which is a considerably larger number than has been in attendance at any previous term. The graduating class is smaller than last year. This is an assurance that the institution is not "grinding out" doctors rapidly and indiscriminately.

Last evening a social reception was given to the members of the

graduating class and their friends by the Secretary of the Faculty, Dr. E. R. Ellis, at his residence on Gratiot avenue.

A similar reception was given to the graduates and faculty on Wednesday evening by Mrs. Professor Bailey, which proved a very pleasant and enjoyable affair.

AGAINST STATE MEDICINE.

The circular of the Committee of Legislation was read before the Chicago Academy, January 28th, and after an emphatic approval by the whole of the members present, the following resolutions were unanimously adopted.

Resolved, That the Chicago Academy of Homœopathic Physicians and Surgeons heartily endorse the action of the Committee on Legislation of the American Institute of Homœopathy, and be it further

Resolved, That we, the members of the Academy, pledge ourselves individually to do all in our power through our patrons to further the ends desired by the circular, and be it further

Resolved, That the secretary is hereby instructed to transmit to the representative at Washington, a more full expression of the feelings of the members upon this subject of state medicine.

This action was published in the daily press, and if our profession are sufficiently alert, we can wield an influence to frustrate all such legislation. Concert of action is all that is necessary.

APPEAL OF THE CHAIRMAN.

DEAR DOCTOR.—Your special attention is requested to the circular of the committee (*see* page 155). Read it carefully, and prepare to act for the good of the whole body. You may render service in various ways :

1. By setting the subject in its true light, before the editors of one or more influential newspapers in your locality, and securing their condemnation of the proposed measures, national and state (*on public rather than on professional grounds*).

2. By corresponding with your members of congress and of your state legislature, urging them to oppose such legislation, the pending national and state Acts in particular; and by securing the aid of any influence that will tend to a defeat of these bills.

3. By having your state, county or local Society so organized that the course of legislation may be closely watched in your state, and concerted action taken promptly in case anything inimical to the interests of Homœopathy should be discovered.

4. By preparing and forwarding to your representatives in the Senate of the United States, a suitable form of remonstrance and petition against the passage of the bill referred to in the circular (*viz*: H. R. 2887), signed by Homœopathic physicians and their friends and clients and by officers of medical societies and institution; and by forwarding similar petitions to the members of your state legislature, should there be similar Acts pending before them.

5. By furnishing Dr. T. S. Verdi, of Washington, or any other member of the Committee on Legislation with any items of information regarding this subject that may be deemed of importance.

For the Committee on Legislation of the American Institute of Homœopathy :

ROBERT J. MCCLATCHEY, M. D., Chairman.

PHILADELPHIA, No. 918 North Tenth street.

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00),
Vol. X with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00),
Vol. XII; Commencing January, 1875.]

Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, Business Manager.

67 Washington St., Chicago, Feb. 15, 1875.

PRESERVE your journals.

WANTED.—The January number, 1869, of the *MEDICAL INVESTIGATOR*. Address, D., care of this office.

TWENTY-FIVE cents each will be paid for the January and October numbers of THE *MEDICAL INVESTIGATOR* for 1874.

WANTED.—The October number, 1869, of the *MEDICAL INVESTIGATOR*. Address, with price, S, care U. S. *MEDICAL INVESTIGATOR*.

DON'T forget the *ten cents* to prepay postage. Uncle Sam collects in advance, you know. We know, to the amount of about fifteen dollars a number.

WE ARE SORRY to learn that the *Internationale Homœopathische Press* is not a financial success. It cannot afford to keep up its foreign exchanges.

CORRECTION.—*Teaspoonful of Bicarbonate of soda, not tablespoonful*, as made to read in U. S. *MEDICAL INVESTIGATOR*, page 121. S. BISHOP.

BIND YOUR JOURNALS.—Emerson's Binder we can supply, stamped with name suited for this journal, for 40 cents; without backs, 20 cents. Keep the numbers all together for ready reference.

WORDS OF CHEER flow in thick and fast. We receive many compliments, which rightfully belong to our many excellent contributors. These spur us to spur them to merit it all. All are benefitted.

THIS NUMBER.—Among the other good things in this number, don't overlook the article on Schussler's Remedies, Diseases of Women Department, the articles on Cancer, and the *Materia Medica* articles.

FOR SALE, EXCHANGES, AND PARTNERSHIPS.—We have several good chances, which we are not at liberty to publish. Tell us just what you want, and we may be able to suit you at once, or in a short time.

LOCATIONS.—*Vermillion, Kansas*. No Homœopath within seventy miles. Address, F. W. Parsons. Please send us the facts regarding any locality where you think a young Homœopathic physician might succeed.

CAN'T AFFORD IT, is frequently only a poor excuse; but if any of our readers know of a case where it is a good excuse — where they cannot possibly take this journal — let us know it, please, stating circumstances, etc.

WANTED.—A successor to a first-class Homœopathic practice in a rapidly-growing Western city of 40,000 inhabitants. The most desirable point in America for a surgeon. Address, H. M. C., care U. S. *MEDICAL INVESTIGATOR*.

TIME.—To those who ask for a little time to pay their subscription, we say, certainly, pay when you can. Thank the Lord! we can wait on our friends. We know the difficulties of a physician's life, and try to accommodate our noble men. We want to help all we can in giving you a very practical journal. We believe you will pay for it as soon as you can. Let us hear from you, however.

COLORLESS GLASS REMEDY.—Since I have had considerable difficulty in finding the color of glass which I desire for the medical purposes referred to in the *INVESTIGATOR* of January 1, it may aid those who wish to try the experiment to inform them where it can be obtained. The cost is not much more than for ordinary clear glass. The firm that has aided me in getting the color I wished, is Whittier, Fuller & Co., 55 Pine street, New York, and 21 and 23 Front street, San Francisco.

SAN FRANCISCO, Cal., Feb. 10.

G. M. PEASE.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. I. No. 5. — MARCH 1, 1875. — Whole No. 137.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

DUBUQUE, Iowa, Feb. 4.— We are having at this time considerable sickness here. Influenza, tonsillitis, and bronchitis, are the most prevalent diseases. Homœopathy is well represented here, and controls the best patronage of the city.
R. L. HILL.

HENRY, Ill., Feb. 16, 1875.— The prevailing diseases during January and February have been pneumonia and pleurisy in a mild form, and all controlled by the reliable remedies *Acon.*, *Bry.*, *Phos.*, and in some cases *Cuprum* and *Rumex cris*.

We like the U. S. MEDICAL INVESTIGATOR so far very much.

CHARLES DAVIS.

BEARDSTOWN, Ill., Feb. 17.— This month we have rheumatic fever, pneumonia, and rheumatism. My chief remedy in rheumatism is *Urtica urens*; in pneumonia, *Nymphæa odorata*; in rheumatic fever, *Cephalanthus ac.*, this is a remedy I proved and use in aches, pains, and intermittent fever. For rheumatic fever in children, I give *Zizia* with good success.
J. S. WRIGHT.

ELKHART, Ind., Feb. 13.— Allow me to congratulate you on your success. Twice a month is a fine improvement. Have no fault to find with you, but much to praise. Not much severe disease now-a-days, but many cases of catarrhal fever. *Gelsem.* for the little ones and *Rhus tox.* for adults, according to well-known indications, are the oftenest indicated remedies.
A. LEROY FISHER.

CAIRO, Ill., Feb. 15.—It has been very healthy in and about the City of Cairo for over a year. We are having some cases of pneumonia here now, and the regulars have lost several cases, but I have treated twelve cases, some very bad ones, without a loss. One case of a child aged twenty-two months, *Bell.* 200 saved; the brain complications led me to prescribe this remedy. In all my cases convalescence is very rapid. The remedies I have used are *Ac.*, *Gels.*, *Bry.*, *Phos.*, *Bell.*, *Merc. sol.*, and *Sul.*

R. S. BRIGHAM.

ALBION, Pa., Feb. 16.—We have an epidemic somewhat resembling influenza, though not just like it. The commencement is febrile in character, chilliness followed by heat, with headache, backache, bones-ache, soreness of the flesh, and in the first part of the epidemic, cough and sore throat. For ten days past, it is sickness of the stomach, and not sore throat. *Acon.* 1 or 2, and *Bell.* 1 or 2, with foot-bath at evening of thirty minutes, arrests the disease in the first twenty-four hours.

J. S. SKEELS.

NEW ALBANY, Ind.—Before I left Jeffersonville, I had a great deal of pneumonia to treat. With the antiquated school many cases were fatal. As during last winter *Merc. vir.* 30 worked very finely in almost every case. But it was called for by different symptoms than those which prevailed last winter, viz: sweat without amelioration. This winter nearly all cases began with aching in the bones, sore throat, profuse flow of saliva, the skin remaining dry. In one case of a patient with predisposition to tubercles, *Merc.* 30 failed, but *Phos.* 30 made a rapid cure.

A. MCNEIL.

PLEASANT GROVE, Minn., Feb. 19.—The prevailing diseases here for the year have been scarlet fever, measles, whooping-cough, summer complaint of children, from October to February typhoid and gastric fevers, and some acute bronchitis. We have been having an epidemic of influenza, and a great deal of sore throats, *Phytolacca* and *Merc. iod.* have been the remedies here for throat troubles. Of the remedies I used in typhoid cases *Gels.* and *Bapt.* done good service, while some cases called for *Rhus.*, *Bry.*, *Ars.*, *Phos. acid.*, *Verat. alb.*, or *Merc. vir.*

H. F. KILGORE.

BRIGHTON, Mich., Feb. 18, 1875.—We have been for the last four weeks engaged with a severe epidemic, influenza, running through this community. *Allium cepa* 200, or *Gels.* 200, have been the remedies, unless the throat was the principal point of attack, in which case *Bell.* 6, and *Merc. præcip. rub.* 2, cured every case promptly. In many cases that were neglected, a troublesome cough supervened, which was in every instance promptly removed by *Hyos.* 3 or *Bell.* 6.

I am pleased with the new INVESTIGATOR, and trust you will make it a live practical journal.

B. H. LAWSON.

DENVER, Col., Feb. 15.—The epidemic of scarlatina anginosa, which I spoke of in my last, seems not to have been confined to this city only. I learn that in the town of Colorado Springs, seventy-six miles south, it has proved fatal in many cases, while in the surrounding villages it

has become the bugbear of the nursery. In one of my cases, which made a rapid recovery, considerable engorgement of the glands about the neck remained, which was very obstinate in yielding to the *Binioidide of mercury*. Confident that it was the remedy, I continued its use but prescribed an ointment of the same remedy to be applied topically. In forty-eight hours the engorgement was entirely relieved.

Acute articular rheumatism is now somewhat prevalent, which yields readily to *Benzoic acid* 3.

M. MAYER MARIX.

LAPORTE, Ind., Feb. 15.—Weather severe. Mercury low. No particular diseases save colds and lung troubles. Catarrhal croup does not mend under *Acon.* and *Spongia*, but gives way quickly to *Bry.* 10, and *Ipec.* 10, also to *Tart. e.* 4.

I saw a strange freak of nature Friday. A girl eight years of age in December last, has menstruated regularly for two years. Was first unwell at the age of six years and one month. The flow has been regular ever since its first appearance. The child is healthy, strong, and the only unusual appearance is the very white skin and colorless cheeks. Lips and gums are red. The usual accompaniments of ovulation, viz: headache, general malaise, etc., are present at each period.

C. S. FAHNESTOCK.

PADUCAH, Ky., Feb. 16, 1875.—The "new" journal I am highly delighted with, in fact, I perceive great improvement, and derive a great deal of practical information.

There has prevailed here a good deal of pneumonia, rheumatism, and typhoid fever, owing to the unusually protracted cold weather. Favorable opportunity has been presented to test our system, and to thereby make converts. Lately I had under my care three cases of typhoid fever in one family, in one of which I have proven the good effects of *Baptisia* 30 in aborting that disease. This case began while the others were in progress, and was so completely controlled as to be in bed only three or four days, and was well within ten days from the beginning. Others well also. I have also put to practical proof Dr. Pearson's observations on "Characteristic Sputa in Pneumonia," in a very severe case during the extreme cold weather in January. *Bryonia* 30, and *Phosph.* 30 being used at different stages with success.

J. R. PIRTLE.

UTICA, N. Y., Feb. 23.—The prevailing diseases for the last part of the fall, and winter thus far, have been typhoid fever, typhoid pneumonia, confined more particularly to the lower part of the chest and diaphragm, with cutting pains under the ribs, more of the left side. With the above condition *Nat. s.* 30 is sure to relieve. Other remedies, of course, are indicated. Also scarlet fever, cerebro spinal meningitis, and diphtheria have prevailed. Two cases of spinal meningitis, confined to the cervical and upper dorsal vertebræ, attended with a sense of dyspnœa suffocation, "as if they could never breathe again," were promptly relieved by *Apis.* 30. I consider this a characteristic symptom of *Apis.*, as experienced in my proving in 1850, and confirmed by many cases. (See Allen's *Materia Medica*, proving by Central New

York Homœopathic Medical Society.) *Apis*. has been a better remedy in scarlet fever than *Bell.* (see proving by Dr. Bigelow, Allen's *Materia Medica*). The sore throat and scarlet rash, like scarlet fever, were repeatedly produced.

L. B. WELLS.

NEBRASKA CITY, Feb. 2.—Pneumonia and croup are the prevailing diseases, though it is more than usually healthy. For the first-named disease *Phos.* is most frequently indicated; *Tart. emet.* next. Croup is considered very fatal in this country. This is for the reason that we have a large proportion of cases of true croup. I have had three cases of the latter recently. The first two cases yielded to *Acon.* and *Spong.* in rotation. The last and worst case was my own child, aged two years. I used the last-named remedies until I saw they were doing no good, when, feeling entirely unnerved, I gave up the case to a brother practitioner, who for thirty-six hours tried almost everything, not excepting *Hive syrup* and *Alum.* Seeing that the case was rapidly failing under this treatment, I decided to use *Tart. emet.* high, as a *dernier resort*, on account of the rattling in the chest, and did so, discarding everything else. In three hours the case began to improve, and is now out of danger, though convalescing very slowly.

A. C. COWPERTHWAIT.

CHICAGO, Feb. 15.—The marked prevalence of erysipelas during the past six weeks in various sections of the northwest will justify a suggestion or two.

In erysipelas, as in burns or scalds, one of the chief elements of danger lies in the arrest of functions on the part of the skin, and one of the chief concerns of the physician in treating this disease, will be to preserve, in so far as he may, the functions of that portion of the skin traversed by the disease, and to restore them as speedily as possible when suspended. If we bear in mind how quickly the life of an animal will be destroyed by coating the skin with an impervious substance like varnish, etc., we shall be prepared to estimate the injury done to a patient with erysipelas by covering the cutaneous surface with flour, starch, and various other substances, which by the action of moisture are converted into impervious coverings, and so tend to extinguish, wholly, functions which under disease were but feebly sustained. How much better shall we succeed, if having selected and prepared the proper remedy for internal administration, we mix in a larger vessel a solution of the same remedy, and in the same attenuation, to be applied by means of a thin layer of muslin over the entire surface diseased.

In most of the cases I have seen this winter *Rhus tox.* has been indicated, save where the deeper structures were attacked, (phlegmonous erysipelas,) and in that case *Arsenicum.*

G. D. BEEBE.

COXSACKIE, N. Y., Feb. 11.—Diphtheria for the past year has seemed to come from old mouldy dwellings mostly, which may account for the idea of infection which obtains concerning it. *Rhus 30* and *3* has cured my cases, and *Alcohol* diluted as a gargle *a la* Grauvogl has cleared the throat in bad cases. The Allopaths are losing some.

Influenza, or in some cases, simple bronchitis, prevails extensively.

and *Nux.*, or oftener, especially if there is cough with nausea or exciting it, *Puls.* 5000 has relieved every case. All my asthma cases but one are *Ars.* cases. That one is a *recent* case and *Puls.* first, then *Bry.* relieved. Dyspnoea from other causes, as dropsy, are relieved by *Ars.* Neuralgias yield to *Cimicif.* if from menstrual causes, otherwise to *Merc. riv.* and *Ars.* One case of articular rheumatism of lower extremities (knees) and bad smelling night-sweats yielded to *Bry.* 3. One case of whooping-cough, had run two days and was well developed, during an epidemic of the same; cough waked child out of sleep, and was worse after sleep; did not trouble much any other time; *Lach.* 2000 cured, and the child has been well now some weeks. My little boy had the whooping-cough some years ago, and after it whenever he took cold would simulate the sounds of the same disease. Seeing in Lippe's *Materia Medica*, *Ars.* indicated for "periodically returning whooping-cough," I gave one dose 200th a year and a half ago, and he has not been troubled thus since. Before he had the whooping-cough, a year or so, he was very sick with dysentery, and *Ars.* finally cured him.

Pleuro-pneumonia abounds, and has peculiar tendency to effusion, and some anasarca.—*Sulph.* (?).
A. F. MOORE.

PALMYRA, Wis., Feb. 15.—We have had for the past month very cold weather. Pneumonia has prevailed more general than any other disease for this period. Eleven cases of this disease have come under my care during that time, none of which have confined the patient to the house longer than ten days. *Ac.*, *Bry.*, *Bell.*, and *Gel.*, are the remedies used.

Last fall cholera morbus was the principal enemy we had to combat. We noticed this was more severe where sulphate of lime was most abundant in the water used. On the 9th of September last, at night, was called to Mrs. Steel, of Sullivan, who had been treated Allopathically for this disease for four days. Cold perspiration, pulse 120, frequent retching, and occasional vomiting of a resemblance of coffee grounds, and frequent stools were the characteristic symptoms. Three doses of *Cup.* cured her, though it was a week before she could sit up. I made her but two visits. Two days after my first visit to the last patient, Mrs. W. Thomas, a near neighbor to the above, was attacked with the same complaint. She had Allopathic treatment and lived only twelve hours. Her son informs me that her hair turned white immediately after death. These ladies were about fifty-five years of age. Is it probable that dissolution and the whitening of the hair were the result of the disease, or some other cause.

I have a case of nasal catarrh. Patient, Mr. H., fifty-eight years old, rather inclined to corpulency, has not had consumptive ancestors though some of them have had asthma. He uses neither spirits nor tobacco, but is intemperate in the use of coffee and tea. Have given *Bell.*, *Phos.*, and *Cal. carb.* with but little benefit. He has been afflicted with this complaint for the past fourteen years. Is subject to take cold easily, at the passing off of which he continues to cough to some extent and raises thick, hard mucus from the throat, and discharges the same

more particularly from the right nostril, and it adheres to the mucus surface. Appetite good. He lost the sense of smell some five years since. Has no other apparent difficulty. This patient has been very irregular in attending to taking medicine, diet has not always been what it should have been while under treatment. If you have a suggestion should like you to give it in this case.

The U. S. MEDICAL INVESTIGATOR is regularly received, carefully read, and highly appreciated.

B. F. HOLMES.

SHEBOYGAN, Feb. 18.—The fore part of this winter was unusually healthy in our vicinity; but since the last three or four weeks some epidemic catarrh, rheumatism, and influenza has appeared, and our physicians are therefore pretty much engaged just now. Pneumonia, pleuritis, bronchitis, catarrhs, gastritis with and without fever, and by the way also scarlatina are the order of the day.

LAPIS FOR INDURATED MAMMA.

A short time since I had an opportunity of proving the new remedy *Lapis albus*, on a German woman of about thirty years of age, who had been nursing her first baby for nine months, when the left mamma became suddenly inflamed, which suppurated and healed up again in the course of three to four weeks, with some induration remaining, as is commonly the case. A few weeks later, the indurated spot became very painful with peculiar stinging or lancinating pains, especially at night, and was increasing somewhat in size without any sign of external inflammatory irritation whatever. The crust feeling very sore and the pains continuing steady. I was summoned after the patient had been suffering in this way for nearly six weeks. At my first examination, I found the upper indurated and swollen portion of the mamma very tender to the touch, the crusts still detached, but apparently some little glandular tumor in the axillary pit of the same side. By the absence of any inflammatory local symptoms or febrile irritation, combined with a somewhat cachectic and suspicious complexion. I diagnosed the case as a commencing scirrhus with probability. Under the circumstances I ordered instantly *Lapis albus* 6 to be used twice every day, when two days later, I discovered, to my surprise, a considerable increase of the morbid tumor with redness of the skin above it, extending more or less above the whole breast, the pulse beating the same time about 96 to 100. Directly after the first doses of the *Lapis albus*, the patient assured me the nature of the pains would change, growing more superficial, after they had been felt very deep inside all the time previous, and turning more burning from lancinating before. Now I was in a quandry, whether I had to deal with a Homœopathic aggravation of the scirrhus, or an inflammatory excitement tending to an abscess as heretofore, or a complication of both. Discontinuing the *Lapis albus*, I prescribed *Bryonia* 6 for the palpable inflammatory symptoms, when the following day they began gradually to abate, and disappeared altogether with the new swelling and pains within two weeks or so. A case like this with such a singular course, I never had observed previously. The woman has felt quite well ever since, after a lapse of several weeks, which I would attribute to the action of the *Lapis*.

J. B. BRAUN.

OBSERVATIONS ON SCARLET FEVER, ETC., IN EUROPE.

FROM "THE HOMŒOPATHIC WORLD."

The present epidemic of scarlet fever has led us to seek reports from a number of our friends respecting its forms, complications, and treatment; and in this and following numbers we shall give portions of those inquiries which have come to hand.

The subject cannot be without interest to our readers, for scarlet fever ranks only second in the list of diseases which are fatal to children. Although cases are always occurring, yet there are periods when it makes its appearance with great virulence, and sweeps away its victims with unusual destructiveness. We are now passing through one of these periods, and estimates, based upon previous visitations, have led to the belief that we have not reached the highest point of mortality. It should be borne in mind, moreover, that while the deaths are noted, the permanent disabilities, consequent on the disease from which those who survive suffer, cannot be placed upon record. The departed are numbered by tens of thousands; but the patients who endure for a longer or shorter period, or perhaps for life, the discomfort and pain of glandular swellings, inflammation and discharges from the ears, deafness, inflammatory affections of the eyes, chronic disorders of the respiratory organs, pneumonia, pleurisy, rheumatism, or nephritis, these are unnumbered. The secondary diseases are, indeed, not frequent after homœopathic treatment, but as they often attend that of the "regular" school, they must not be overlooked in any consideration of the evils of scarlet fever, and of the great importance of securing proper administration of curative remedies. The facility with which the infection spreads, the persistence with which the germs of disease retain their virulence, and the carelessness of patients and their friends respecting the spread of the disease when convalescence sets in, also justify the most grave precautions, and the wide dissemination of accurate information on treatment which has proven so benign and curative as the homœopathic. Facts are continually occurring which show most culpable negligence, or gross ignorance of the infectiousness of the disease. The following extract from the columns of a contemporary show by what simple means the disorder may be spread :

"In the spring of last year I received a newspaper from Inverness, containing the announcement of the death of a friend's child. About a week afterward the first symptoms of scarlatina showed themselves, and I suffered a mild (second) attack of the disease. There being no other case either in my practice or in that of all neighboring practitioners at the time, I was rather puzzled to account for it. Within the last few days I have heard that my friend's child's death was caused by a most malignant attack of scarlet fever, which infected nearly all the rest of the household.

MORTALITY.

As to the mortality from this disease, Mr. Courtenay Fox has estimated from the returns of the Registrar-General that "the average

annual mortality in a period of thirteen years is at the rate of one to every thousand inhabitants in London, and slightly less for the country at large." We also learn from the same authority that during childhood, boys—for the first ten years of life—are more liable to the disease than girls, but that during the remainder of life the mortality is greater among women than men. We are further informed that no fewer than nine-tenths of the deaths take place in the first decade of life, and that the most fatal age is during the second, third, and fourth years. The highest death-rate—as in the case of diphtheria—occurs in the last three months of the year, chiefly in October. The proportion between attack and fatality does not appear, but we note that in Goole, where the disease has prevailed for the last four months with unusual virulence, often terminating fatally in a few hours from the first appearance of the symptoms, the mortality has been thirteen per cent. of the cases attacked. In the extracts we make below, it will be seen that Homœopaths can show a better result than this. However, on this matter, and on the method of treatment, our readers can judge for themselves :

REPORTS FROM VARIOUS OBSERVERS.

In the course of an extensive practice, during more than thirty years, I have lost very few scarlet fever cases, and I now think that even some of these might have been saved, as, during the last fifteen years, I have lost none. *Acon.* 3x, and *Bell.* 3x have been the principal remedies at the beginning; freely sponging the surface with cold water, with which some Condry's Fluid had been mixed, if the heat be excessive and the skin dry. In malignant cases, with the peculiar herring-brine acrid discharge from the nose, severely affected throat and swollen neck, I always give with the happiest results *Merc. prec. rubr.* 2x, every 2 or 3 hours. If as a sequela we get smoky urine, with albumen or subsequent dropsy, I find *Tereb.* 5 and *Ars.* 5 most efficacious. During convalescence I have my patients washed in a warm bath with Condry's Fluid, and afterward well rubbed with olive oil and a few drops of Carbolic acid until desquamation has ceased.

BOUGHTON KYNGDON, L.S.A.

Tregeare, Park Hill Road, Croydon.

Having for eighteen years held an extensive Union appointment, during which time I had opportunities of treating many epidemics of scarlet fever, I have seen the results of homœopathic and allopathic treatment well contrasted. Before my conversion to homœopathy I had treated cases in the simplest manner, giving mild diaphoretics, and trusting chiefly to hygienic measures. Soon after I became a Homœopath one of the severest epidemics which had ever visited the town where I resided took place, and a great many cases of death occurred in the practice of all the medical men in the neighborhood, myself included. I could not, however, help being struck by the fact that although most of my cases were among a poor, half-fed class, habitually careless of sanitary precautions and measures, I managed to "pull through" many apparently hopeless patients. After I had attended

about 120 cases, I began to make records of the subsequent ones, and to form some statistics. A full account of these appears in the "Annals of the British Homœopathic Society," in a paper I read before the Society in 1866. From this paper I shall quote :

"The number of cases recorded is sixty. Of these, three ended fatally—the deaths arising out of the sequelæ of the disease. One of them was not seen by myself, and therefore was not treated homœopathically, until the child was in a dying state, so that, strictly speaking, only two deaths occurred in sixty, or about $3\frac{1}{2}$ per cent. Of these :

12	were affected with dropsy.
8	" " parotiditis ; in one of which suppuration occurred.
2	" " diphtheritic throat.
4	" " acute rheumatism.
1	" " otorrhœa.

"During this epidemic I had ample evidence of the prophylactic power of *Bell.* in some families; in which one child had the disease, while the others escaped, and also of the modifying power of the drug where it was taken regularly. In one family (a clergymen's) where eleven persons were attacked, including the children, governess, and servants, all took *Bell.* from the first, except the governess, who obstinately resisted (not believing in Homœopathy), and she was the only member of the family who suffered severely."

The medicines relied on in the above and subsequent epidemics were principally *Bell.*, *Rhus*, *Merc. iod.*, *Tereb.*, *Acid. mur.* and *Ars.* In typhoid cases, or those attended by acute inflammation of the parotid glands, *Rhus* was given with *Merc. iod.* 2x, dry on the tongue. In drop-sical cases, *Tereb.* 1x, and *Ars.*, were principally relied on, and some cases were benefited by the *Tincture of Perchloride of Iron.* In the year 1870 I had two cases of children who had extensive pleuritic inflammation ending in empyema. In both cases I made incisions to cut out the pus, and the patients had long-continued discharge from the openings, and subsequent contraction of the walls of the chest, but both recovered and did well. These were treated principally with *Sil.* and *Phos.* or *Ac. phos.*, and *Hepar sulph.*

In comparing the results of Homœopathic with those of Allopathic treatment, I do not hesitate to affirm that patients have far greater chances of recovery under the former than under the latter, and this I say after ample experience of both systems.

Weston-super-Mare.

DR. JOHN WILDE.

I have now nearly completed the eleventh year of my residence at Blackheath, and during this period I have only attended two fatal cases of scarlatina or its sequelæ. The first of these was a very malignant case occurring in an unhealthy young woman residing in a badly-ventilated house, situated in a low part of Lewisham, near the Ravensbourne. The house was disinfected by *Chlorine*, and there was not a second case, though the family was large. It was a remarkable circumstance that the bedrooms were permeated by the smell of the gas for many months afterward.

The second case was fatal from uræmia and convulsions, following general anasarca. There had been no medical attendance in this case for the primary disease, and I only visited it a few days before death. This was in a small house in Greenwich.

In reference to treatment, I seldom, in uncomplicated cases, find any medicine necessary except *Acon.* and *Bell.* I order hot baths during the process of disquamation, and very rarely get a case of consecutive dropsy. I have not had one during the present epidemic. The temperature during the present epidemic at the commencement of the disease has ranged from 102 to 104 degrees, seldom higher than the latter.

I have not found *Bell.* so prophylactic in this epidemic as in former ones. In my own large family some years ago I had reason to believe that the disease was isolated by the use of this medicine, as there was only one case at the time, or subsequently. Judging from my own experience, especially since embracing Homœopathy sixteen years ago, I find it difficult to account for the enormous mortality recorded in the Registrar-General's reports.

J. HARMER SMITH, M.R.C.S., L.S.A.

7 Eliot Place, Blackheath.

As far as I can remember I have only lost two cases of scarlatina, and they were both in one house, two cousins. One was a case of scarlatina maligna, and died in seventy-two hours; the other died from phagedenic sloughing about the neck, which opened a blood-vessel, thereby causing hæmorrhage, from which the child died about a fortnight after the fever had abated. The child was of delicate constitution. In scarlatina simplex I have generally commenced with *Acon.* and *Bell.*, and usually found these sufficient for the fever, following them with *Sulph.* during disquamation; sometimes when the fever has continued high in spite of these medicines I have found *Gels.* act very favorably, calming the nervous system and lowering the fever.

For scarlatina anginosa I generally use *Acon.* or *Bell.* and *Merc.-iod.* or *Ciniod.*, rubbing into the neck a liniment of equal parts of the tincture of *Bell.* and *Glycerine*, and keep on a linseed poultice.

For the kidney sequelæ I have found *Canth.*, *Ars.*, *Tereb.* most useful: they always subdue the mischief.

As a general rule, I think I may say that I have no great dread of scarlatina unless in the severest forms, finding that Homœopathy generally brings the patient safely through the trouble, and without serious complications or sequelæ.

F. H. BODMAN, M.D., M.R.C.S.

27 Long Street, Devizes.

As most of us have met with a large amount of success in the treatment of scarlet fever with such remedies as *Acon.*, *Bell.*, *Apis*, or *Ars.*, according to their several indications, it may be interesting to note some results from the use of *Ailanthus glandulosa*. This medicine was first brought before the notice of the medical profession by Dr. Wells, of Brooklyn, America, and introduced into practice by Mr. Pope, of Blackheath, who thought it a most valuable addition to our Homœopathic

Materia Medica. I had an opportunity when practising in Croydon of putting this remedy to a severe test. The facts were as follows: I was attending two delicate children from a sharp attack of scarlatina anginosa. The fever had run very high the first thirty-six hours. On the third day the throat was severely implicated, tonsils swollen and ulcerated, deep ulcers with a greyish bed to them, the submaxillary glands swollen, swallowing difficult, speech thick, a mucous discharge from the nose, and a thick white fur on a tongue dry and red at the edge, the pulse sharp and quick (130). All this summed up made a formidable array of symptoms, but in the afternoon of the third day insult was added to injury by the rash, which till then had been fully out, and of a brightish red color, turning dark and disappearing, much to the dismay of the parents, as it was accompanied by prostration, slight delirium, and absence of the urinary secretion together with an aggravation of the throat symptoms. I at once thought of *Ailanthus*, and gave it to both the little patients, putting six drops of the mother tincture into half a tumblerful of water, teaspoonful doses being administered every half-hour until improvement set in, which happy issue was brought about after six doses of the medicine, together with an improvement of the general symptoms. The rash reappeared in full vigor, and not only the original rash, but a fresh one, brightly red and more distinctly vesicular, showing that the mother tincture had not only done good to the patients, but helped me also by giving me a lesson in the pathology of the medicine. The children "did not look round once," as the saying is, after the reappearance of the rash, so that I felt naturally great confidence in this new remedy, and trust it may win many laurels in the present epidemic.

To speak of success with *Bell.* in the moderately severe cases of scarlet fever, is to tell a twice-told tale, though our Allopathic brethren might do well to pause and hear it, but in those cases where there is great prostration, severe throat symptoms, delirium of low character, and a retrocession of the rash, I would strongly recommend the use of *Ailanthus*, and I fancy that the first or second decimal dilution might be a sufficiently low potency, though I hear that the mother tincture has invariably done good things in the skillful hands of some of my colleagues.

D. SHULDHAM, M.D., M.A., M.R.C.S.

We rarely see in the United States the true smooth scarlet fever of Sydenham. When it does occur, my treatment during the intense febrile stage, is to give *Ver. vir.* 1x until the severe arterial excitement is over. This remedy is greatly superior to *Acon.* The indication for *Ver. vir.* is the large, full, hard, and bounding pulse, and that of *Acon.* is small and hard. If, when the fever abates, great prostration sets in, dry mouth and tongue, foetid breath, and a typhoid appearance; I have had the best results from *Bapt. Bell* 1x follows with either of the above remedies, if the red sore throat, red tongue, injected eyes, and throbbing carotids are present. In some cases *Solanum* acted better than *Bell.* when the headache was intense, and the redness of the skin appeared in spots rather than diffused uniformly.

In scarlet rash, the commonest form we meet with, these remedies are rarely needed. The fever is seldom severe enough to need any fever remedy, *Rhus rad.* 3x, or *Venenata* 3x, is generally indicated. So soon as the rash disappears, or the redness in true scarlet fever, I give *Hep. sulph.* 2x to prevent desquamative nephritis. The sore throat is usually controlled by *Bell.* 2 and *Lach.* 30. In cases where diphtheria is present *Merc. cyanuret* 6th is indispensable. One of the most unpleasant, but not dangerous sequelæ, quite common here this winter, is a sore-mouth. The lips swell enormously, the whole mucous membrane of the cavity of the mouth is inflamed, showing a white diphtheritic film over a red angry surface. Salivation sets in, a thick, fetid, sanious discharge, ropy and tough. In these cases *Merc. cor.* or *Merc. cyanuret*, or *Nitric acid* should be used, together with a wash of *Hydras. tinct.* In several cases I had to wash the mouth out with the lotion, using a strong stream thrown from a syringe. If a thin sanious discharge from the nose and ears be present, *Ars. iodat.* 3 dil. is specific.

For the renal troubles, *Apis.* 1 dil. is specific where the urine is scanty and light-colored; no thirst is present, the eyelids are often swollen (œdematous). If the urine is albuminous *Canth.* 3 is useful. If hæmorrhage sets in *Tereb.* 2 dil. or *Gallic acid* 1 dil. will soon arrest it.

In suppression, or scanty urine, with œdema of the legs, face, or abdomen, *Dig.* 1x is specific, especially when the action of the heart is feeble, quick, and irregular.

For the debility, anæmia, etc., which follow, the following medicines suffice, namely, *Helon.* 2x, *Hydras.* 1x, and *Ferr. mur.* 1x.

Chicago, Ill.

E. M. HALE, M.D.

PREVAILING DISEASES, ETC., IN PHILADELPHIA.

WEATHER PROVING FOR DECEMBER, 1874.

During the month past the atmospheric condition has been remarkably mild and even in temperature, and no violent storms have occurred; the weather has been fair, and most of the month clear and genial for a winter month in this climate.

The general tendency of diseases was to begin with sore throat, but the diphtheria that was prevailing at our last report has been much milder in type. The typhilitis continued but cases were not so numerous; some typhoid fever was noticeable early in the month, and quite a number of diarrhœas, gastralgias, enteralgias and neuralgias of the face were observed, and also gastric disturbances, due probably to the effects upon the constitution of the *holiday* indulgencies, when both adults and children are disposed to over-load the stomach. There was also a great disposition to sudden mortality among the aged. On the 7th, croupy and catarrhal cases occurred, and diphtheritics were worse for a day or two following. Then cases generally improved for several days. Then cases of hives, some erysipelas of face, some rheumatism and bronchial catarrh were more than usually met with. There has

been observed during the whole month a peculiar class of cases of pseudo-scarlatinal character occurring mostly in children.

BUSHROD W. JAMES.

DIARRHŒA. — DIPHThERIA.

During yesterday and to-day (Jan. 7 and 8, 1875,) I have perscribed for seven cases of diarrhœa, with some pain but not much prostration, stools watery and in two cases bloody. Have many cases of sore throat occurring now. All my sore throat cases are accompanied with swelling of the tonsils (generally both), the uvula, the arches and the posterior part of the pharynx. There are in some cases slight patches of ulceration, but *no diphtheritic* deposit in any case that I have seen during the last two weeks. I most always give *Merc. bijod.* 10. every three or four hours during the first twelve hours of treatment. I use *Lachesis* 6th trit. in many cases. Does the use of "anti-diphtheritic" remedies in the early stages hold out any promise or possibility of preventing the exudation, or of keeping other diphtheritic symptoms in check? If other doctors are meeting with much more diphtheria than I am, does it not look as if there might be cause for the difference? In diphtheria with acrid nasal discharge, *Arum triph.* should not be forgotten. The throbbing headache, etc., of the early stage of diphtheria, can be relieved in almost every case by a hot mustard foot-bath, followed by wrapping up the limbs, including the thighs, in warm flannel. The relief is almost instantaneous. Most of our Homœopathists seem to forget the value of this simple application. P. DUDLEY.

REPORT SYMPTOMS RATHER THAN DISEASES.

The animus for the following remarks is not a spirit of fault finding, but a desire to call attention to a habit which for years past has been growing in such proportions and to such a degree as to make it desirable that some change toward improvement be sought. The habit alluded to is that of reporting cases as "diseases" by name, without a carefully observed totality of symptoms. These reports usually read: a given number of cases of typhoid or other disease treated by Dr. —, all cases cured by — medicine. This may be well enough for advertisement, but farther than this it serves no profitable end. Such a habit is productive of much mischief both in preventing us from having a substantial reason for its application in the same "disease" under similiar conditions, and indirectly in gradually leading others to fall into the same footsteps to arrive at the same error.

Hahnemann truly says: "diseases are nothing more than changes in the general state of the human economy, which declare themselves by symptoms." and "as we can discover nothing to remove in disease in order to change it into health, except the *ensemble* of the symptoms," therefore this *ensemble* of available signs represent in its full extent the disease itself; that is, they constitute the tone, and only form of it which the mind is capable of conceiving. The totality of symptoms, this image of the immediate essence of the malady reflected externally, ought to be the principal or sole object by which the latter could make known the medicines it stands in need of, the only agent to determine

the choice of a remedy that would be most appropriate. In short, the ensemble of the symptoms is the principal and sole object that a physician ought to have in view in every case of disease.

From these truths it is clearly deducible, that as no remedy has universal applicability, it becomes our most urgent duty to not only assert its power in overcoming a certain "disease," but to give the symptoms truthfully grouped of each case cured by it. In this way we will almost invariably, in a short time arrive at some characteristic symptom or symptoms, either subjective or objective, or both, which will be, humanly speaking, an infallible guide to the administration of the said remedy in the said disease; while in addition thereto, we may in this way be led by analogy of symptoms to its use in a disease which pathologically is looked upon as belonging to a entirely different class. Instances of this fact have no doubt come under the observation of every observant practitioner.

Let the desirability of such careful report of cases as will positively increase our knowledge of the action of a remedy in a given disease, be thoroughly weighed, and the object will be carried out. Then others may utilize the material given, at the first proper opportunity.

Let us not be governed by name so much as by description; for our typhoids, typhus, scarlet fevers, etc., are but Smiths; Jones, and Browns, such large families that by mere names we have but a faint idea of how they look; we do know them to be of the family; but which one? Give then the individualities, the descriptive list; then we may apprehend the very fellow the next time he attacks one of our patients, and send the right officer to take care of him.

REMEDY INDICATIONS.

In order to illustrate this matter, let us take a glance at the individualities of *Lachesis*, *Lycopodium*, *Merc. protiod.*, and *Merc. biniod.*, in their relation to diphtheria.

LACHESIS.

Throat sore, worse on left side; swallowing difficult, fluids are swallowed with more pain than solids; frequently throat very sensitive to outward touch or pressure; tongue coated whitish and thin on anterior portion, shading into deep yellow, and thick towards and at the root of the tongue; breath offensive; aggravation after sleep.

LYCOPODIUM.

Throat sore; fauces, brownish red; pain worse on right side; aggravation from swallowing warm drinks; dryness of the tongue.

MERC. PROTIOD.

Throat sore, worse on the *right* side; swallowing difficult, warm drink causes much pain; tongue coated thick at the back part, looks as if a piece of chamois skin covered the posterior part.

MERC. BINIOD.

Throat sore, worse on *left* side; swallowing painful, both of solids and fluids; fauces deep red; tongue coated yellowish, thick; gums and tongue more or less swollen and sensitive.

The distinctive features of these remedies are to a certain extent well known; nearly all here mentioned have been observed by or repeatedly corroborated by myself. A. KORNDÆFER.

NITRIC ACID SYMPTOMS IN DIPHThERIA.

Case —. J. W., aged nineteen. At my first visit he complained of having had a violent chill the day previous, and the same day he had a great deal of pain in the throat, with nausea and vomiting, and great prostration. On examining his throat, I found several white patches on both tonsils, and a large elongated one on the back part of the throat. His breath was intolerable, the air in the room was sickening.

I gave him *Merc. iod.* 3d trit. (decimal) in a half tumbler of water, a teaspoonful of the solution every hour.

On the following day, I saw him between 9 and 10 o'clock, A. M. I found him much worse; prostration excessive, with violent pain about the lumbar region; the membrane in this short time had spread all over the throat and extended over the hard palate, deglutition had become very difficult, and a profuse discharge from the nostrils set in; he also experienced frightful fits of coughing.

The discharge from the nose was my indication for *Nitric acid*. I gave him the 2d decimal, sufficient to acidulate the water in the tumbler, to be taken every hour, about a teaspoonful.

He commenced improving the same day that I gave him the *Nitric acid*, and on the third day the whole of the membrane peeled off and came away. From that time he mended, and recovered entirely from the attack of diphtheria, and in about a week after went out apparently well. But about one month after his recovery, he took cold and a cough set in, and he coughed incessantly for nearly three months; finally he had a hæmorrhage of the lungs, and died in a few minutes.

I have had several cases of diphtheria since then, and in every case either *Merc. iod.* or *Nitric acid* have proved successful.

J. G. HOUARD.

Quite a number of the diphtheria cases correspond to *Muriatic acid* and are helped by it. The *Liquor calcis chlorinatæ*, as mentioned in Dr. C. Neidhard's work on diphtheria, is a valuable remedy in malignant cases. *Carbolic acid* will relieve many of the sequelæ of diphtheria and other blood-poisoning diseases. C. S. MIDDLETON.

In the far west, *Kali bich.* is much used in diphtheria cases, and *Merc. p. r.* more by eastern physicians, they finding their similars more in the *Mercurials*; and it is possibly due to a difference in the character of the cases in the different localities, as we know that climate affects epidemics somewhat, as well as sporadic cases of disease.

J. E. JAMES.

LIQUOR CALCIS CHLORINATÆ IN DIPHThERIA.

As it is possible some confusion and difficulty may be experienced in procuring this preparation, recommended so highly (and so justly) by Dr. Neidhard, I deemed it not unimportant to give a history of my first

effort to apply this agent in diphtheria; particularly as I have since learned that there are others who were equally unsuccessful.

Five years ago or more, after I had purchased Dr. Neidhard's book, I at once set about procuring a supply of this drug.

I went to a "first-class" drug store, and got a vial full of what I supposed to be *Liq. calc. chlor.*, but which, after the lapse of five years, was found to be a solution of *Chloride of calcium*.

I used this preparation for a number of cases of diphtheria, but the result was not at all satisfactory, and it was abandoned.

About four weeks since I was called to a family which had already lost one child, under the care of an Allopathic physician, and two more lay ill with malignant diphtheria. In one of these children the membrane had formed in the larynx to some extent when I first took charge of the case. No time was to be lost. I referred again to Dr. Neidhard's book, determined to try again the *Liq. calc. chlor.*, took my little bottle to the drug store and told the druggist distinctly that I wanted "*Liquor calcis chlorinatæ*," which I supposed to be prepared from *Chloride of lime*. He assured me there was no such thing in the pharmacopœia, and on examination of the label on the vial, he understood it to call for the solution of *Chloride of calcium*, which was put up the same as I before had. This I prescribed, but I was uncertain and dissatisfied, and I determined to see Dr. Neidhard, so that I might be correct. My fears were well grounded. His assistant assured me that the remedy was prepared from *Chloride of lime*, and he gave me some of their preparation.

One of the little patients alluded to died, the membrane having extended down into the larynx and bronchia; the other recovered, solely under the use of Dr. Neidhard's preparation.

Since the time above mentioned, I have prescribed *Liq. calc. chlor.* in thirty or forty cases of diphtheria, of all degrees, and the results have been of the most satisfactory kind; improvement in most cases beginning with the use of the remedy. In several instances where relapses had occurred from cases that I had just previously treated, where the posterior nares had become seriously affected, it acted like "magic," as the patients expressed it.

Dr. Neidhard recommended as much as fifteen drops put in half a glass of water, a teaspoonful to be given at intervals of ten or fifteen minutes in the most malignant cases; while in lighter cases, so large a quantity is unnecessary, four or five drops in half a glass of water being sufficient.

HOW PREPARED.

As some of the editions of the U. S. Dispensary have not the formulæ of the preparation of the liquor, it is appended. "*Liquor calcis chlorinatæ*." Take of chlorinated lime one pound (avoirdupois), distilled water one gallon (imperial measure), mix well the water and *Chloride of lime* by trituration in a mortar, and having transferred the mixture to a stoppered bottle, let it be well shaken several times for the space of three hours; pour out now the contents of the bottle on a cal-

ico filter; let the solution which passes through be preserved in a stoppered bottle. "Sp. grav. 1,035, Br."

That which was prepared by myself was filtered through ordinary filtering paper. Dr. Neidhard also makes a trituration.

C. S. MIDDLETON.

SINGULAR CASES.

From about December 1st, sudden attacks in children have been occurring, that looked somewhat like the premonitory symptoms of scarlatina, such as vomiting, fever, languor, sore throat and coated tongue, with red tip and edges, and some cases have a fine scarlatinal-looking rash on portions of the body, but in two or three days the patients will be well and running about as usual. Drs. Neville, J. E. James, McClatchey, and Korndørfer, have all seen analogous cases recently.

B. W. JAMES.

—*Hahnemannian Monthly*.

MORE CONCERNING HAY FEVER.

MR. EDITOR: This disease prevails in one or more forms in the United States and in Europe. The causes, the varieties, and their geographical distribution are as yet undetermined.

The earliest mention of this disease among English writers was in 1819, when Dr. Bostock, of London, published his investigations under the title of *Summer Catarrhs*.

He described a form of this disease corresponding in its main features with what is here known as the *Rose Cold* or *June Catarrh*.

It begins, both in Europe and in this country, about the 25th of May, and rarely continues later than the first week in July.

This form of disease, coming as it does about "haying time" in Europe, was by the common people there called Hay Fever. In this country the same attack begins with the roses, though its subjects seem to be affected by other forms of vegetation also.

This disease prevails in England and France, but not in Spain and Portugal; it is found in Holland, Belgium, Switzerland, and Russia, but not in Germany and Austria.

In this country the boundaries of the June attack have not been defined. This form evidently does not prevail as severely here as in Europe, as its subjects rarely apply to physicians for counsel.

We have, however, in this country another form of this disease, unknown in Europe, which, commencing about the 20th of August, continues with greater or less severity until the frosts of October.

This form, I believe, was not investigated with any special care until 1872, when Dr. M. Wyman, of Boston, published his work on "*Autumnal Catarrh*" (now out of print), containing a record of eighty-one cases, and maps giving the boundaries of its distribution throughout the United States.

This author doubts the essential identity of the two attacks, for the

reason that the same exciting causes are not equally operative, and also because relief is afforded from the June attack by a resort to the sea shore; while the subject of the autumnal form must resort elsewhere.

He grants, however, that the objective symptoms are essentially alike, differing only in severity, and admits that the June attack often seems to lead to the later one eventually, only yielding its victim when the severer form is developed.

So far as his investigations have extended, Dr. Wyman believes the autumnal catarrh does not extend south of latitude thirty-seven degrees north (about the Ohio river); neither does it prevail, as a rule, north of the great lakes, or west of the west bank of the Mississippi. He thinks St. Louis and St. Paul are generally exempt from this disease.

Certain portions of the country intervening are also exempted, as follows:

A section lying north and east, adjacent to the White Mountains; also that portion of the State of New York north from Lake George and extending west nearly to Ogdensburg, and the southern tier of counties from the Catskills west to the State line. Again, that portion of the Alleghany Mountains south of the headwaters of the Juniata river to Covington, Ky.

Dr. Wyman believes these boundaries to be approximately true, varying with the season. This fact is significant, viz., that the extension of this disease beyond these limits northward, is only observed in seasons of unusual and protracted heats.

Such was the summer of 1874 in the West, and the autumnal catarrh reached northward beyond Mackinac (its usual boundary), even to the northern shore of Lake Superior, a region never before visited by this disease.

This fact of a changeable boundary negatives the idea that the exciting cause can be due to any special forms of vegetation, for they are indigenous to the soil, and do not vary from year to year.

I believe we must look to other agencies as producing this disease in either form, and if we can gather sufficient data as a guide, the study of this strange disease will lead to interesting developments relative to other and supposed remote diseases.

In Europe it has been observed that gouty subjects are apt to suffer, and more or less neuralgic pains are complained of by patients in this country.

There is a popular idea that a sufferer by this disease is not liable to any form of intermittent or continued fevers. In my experience I have yet to find this untrue.

If this be so, it is of special significance. There is also a special therapeutics belonging to this disease, far more satisfactory in many cases than the bold "*Quinine solution*" of our Old School friends. It were well if we compared notes.

Let us hear from your readers.

A. W. WOODWARD.

140 WARREN AVENUE, CHICAGO.

CASE OF SPINAL IRRITATION CURED BY *HYPERICUM PERF.*

[The following interesting contribution we are sure will prove of practical benefit to many of our readers. — ED.]

R. LUDLAM, M. D. : Knowing that you were one of the first, if not the first, who recommended *Hypericum perf.* as a successful remedy for spinal irritation, I would submit to you the inclosed case, not only as corroborating your experience, but as testifying also to its usefulness in those cases which are not caused by or depending upon traumatic irritation. The case has been of great interest to me from the peculiar reflex action it produced upon the mind, and from the prompt relief succeeding the use of the *Hypericum*, and if it should likewise prove so to you, I shall feel that I have paid you a trifling tribute of gratitude for pointing out that remedy as a spinal irritant.

I would leave it optional with you whether the case is of sufficient interest for publication, in which case you may give it to the INVESTIGATOR. I remain very truly yours,

MANKATO, MINN., February 3, 1875.

A. L. DORNBERG.

Boy, fourteen years old, fair complexion, lively temperament, and of a very intelligent turn of mind, was attacked some five or six weeks previous to my seeing him, with numbness in the limbs while husking corn, and with pain in the upper part of the spinal column. After undergoing a blistering treatment at the hands of a neighboring Allopathic physician, and patient constantly growing worse, he was brought to me for treatment. I found the spinal column, from the cervical vertebræ downward to about the region of the kidneys, tender to touch, and was told that he was frequently attacked with paroxysms of pain, accompanied with symptoms of mania. The pains occurred in the joints, principally and always on one side of the body, and would change from one joint to another, from the elbow or wrist joint to the knee or ankle joint, or *vice versa*. Then, again, he would be thrown into frightful illusions, attempting to hide from some wild beast, and shrinking back and screaming if any one approached him, holding up his hands and crying: "Don't touch me; don't touch me!" At other times he would jump up all of a sudden, and before anybody could prevent him, run out into the field with such an expression of fright on his countenance as to suggest the idea of something frightening him that he must run away from, and after running some distance, he would crouch down and hide his face in his hands, afraid of seeing or being approached by anybody. After all such attacks he would have no recollection of what he had been doing, and would look about him in a bewildered manner, like one just being aroused from a sleep. In all other respects the boy was well, with the exception of an almost constant headache of a dull character.

These attacks appeared somewhat reduced and occurred at longer intervals upon the use of *Bellad.* 3; but after a few weeks they recurred oftener, and the tenderness of the spine also increased. *Nux.* 3

and *Cocculus* 3 were administered successively, but with a negative result; and when he was brought to me again—he was then visiting with his grandfather, eight miles out of town, his home being in the grasshopper district, some thirty miles from here—the expression of the boy's countenance verified in a striking manner the statement of his mother, that he was no better, and a fit subject for the asylum. The least touch upon the spine between the cervical and lumbar region made him shrink; those spells, so called by his mother, had recurred so often as to make it necessary to keep him under constant watch lest he hurt himself in his ravings, or freeze while being out in the field during one of those attacks of frenzy. His mother was much alarmed at his condition, and tried to get my consent to take him to the Asylum at St. Peter. To this I objected, however, and assured her of an ultimate recovery under Homœopathic treatment. I now decided to try *Hypericum*, and gave it in the second decimal dilution, three drops three times a day. It is proper to state here that the closest inquiries did not elicit the slightest clue as to the primary cause of the trouble, and the boy, as well as his parents, denied emphatically his ever getting hurt in any shape or manner. In eight days after commencing the treatment with *Hypericum*, the boy with his mother came to report. No more of those attacks had occurred since taking the first dose, the boy's idiotic appearance had changed to its former brightness and intelligence, and the tenderness of the spine had almost entirely disappeared. Continuing the same remedy at the third dilution one week longer, the patient was dismissed cured, and is now in employment in a store. A. L. D.

CLINICAL NOTES.

ARSENICUM IN EMACIATION OF CHILDREN.

In my hands *Arsenicum* 30 has repeatedly cured children afflicted with emaciation. Beginning with indigestion and diarrhœa; worse in forenoon and after part of night; small, yellow, watery offensive stools, with thirst for small quantities of water; afterward dry, hacking cough and night sweats setting in. The little fellows seemed as if nearly gone with the consumption, but from two to four weeks sufficed to cure them, and there has been no relapse.

SILICEA IN NECROSIS.

Silicea 30 in two or three instances, very materially diminished the quantity of pus in bone disease, in from one to three days. The pus which was before very offensive becoming entirely inodorous.

CHAMOMILLA HIGH VS. LOW.

Chamomilla 6th and 30th had no effect on my child, no matter how well indicated. I became discouraged in its use, and so would not give it, though it seemed to be the proper similitum, until one day my wife gave her a dose of the 200th with the most beautiful effect. I have since used it in the latter potency, and with perfectly satisfactory results.

NATR. MUR. CURES, OR, NATURE'S CURES.

One of the leading indications for *Nat. mur.* seems to be "blisters like pearls, upon the lips." It is a popular notion that the appearance of fever blisters upon the lips is a sign that the intermittent is about at an end. If this be correct, may it not explain *some* of the brilliant results with this medicine in chills? WM. P. ARMSTRONG.

PARIS, Ill.

POLYURIA CURED BY ANTIMONIUM CRUD.

A. F., aged four years, passes large quantities of urine, which is as clear and odorless as distilled water. Much of it passes involuntarily, hence the exact quantity cannot be ascertained. He drinks often and much at a time. His mother states that he called for water three or four times every night, even when he was yet well. His eyes are both inflamed, the conjunctiva is quite red, the cornea dim, they are very dry and he keeps them closed. His nostrils are very sore. The mouth is very dry, the tongue clear, cracked transversely. Skin very dry. Emaciated to a skeleton. Keeps the bed and sleeps much during the day. Craves sour food. Is exceedingly irritable; strikes and scolds. Trommer's test carefully applied revealed no sugar in urine.

After a useless trial of *Phos. a.*, *Natr. m.*, *Lyc.*, and *Sulph.*, the mother mentioned that the boy cannot bear being looked at. This had been noticed by myself and others, but I had paid no attention to it, which symptoms led me to consider *Ant. cr.* Judge of my disappointment, when I missed this important mental characteristic symptom in Allen's Encyclopædia! In none of my books could I find clear urine and cracked tongue as a symptom of *Ant. crud.* Hull's *Jahr* has: "Red, inflamed eyes," starred and italicised. Allen has: Red and inflamed eyes, but not starred nor in italics. Notwithstanding this, *Ant. cr.* is indicated by the mental symptom, the sore nostrils, the nightly thirst, the sleepiness during the day, and the dryness of the mouth, etc. It was given in the 6th dilution on February 1st, and to-day the boy is fairly improving.

C. BERNREUTER.

NASHVILLE, Ill., Feb. 16, 1875.

CLINICAL FACTS.

RETRACTED NIPPLES.

Tell Bumstead to try *Silicea* 30 in that case of "retracted nipples" (*vide* Clinical Observations in No. 135). This remedy never fails me for that condition; it is also reliable for "leaky breasts."

IRIS VERSICOLOR VS. PEPSIN.

I have found that *Iris v.* will stimulate the appetite, promote the secretions, and aid digestion far more quickly, and with more permanent results, than *Pepsin* in any form.

A. W. WOODWARD.

CHICAGO.

Medico-Legal Department.

A LEGAL DEFINITION OF A QUACK.

Sometime ago we quoted a decision of the Court of Appeals of New York, to the effect that a Homœopath is not necessarily a quack. We will now add that by a decision of the Supreme court of the same state, whoever "offers to practice either Homœopathy or Allopathy, as his patients may wish, is practically a quack in his profession."

The above I copy from the *Medical and Surgical Reporter*, (Allopathic) of April 1, 1871, page 230. Comment is not necessary. How many professed Homœopaths are bringing disgrace upon the cause so dear to all the disciples of Hahnemann by those who "have studied both schools" and find good in both?

F. CHURCHILL.

GRAND ISLAND, Neb.

MEDICINE AND POLITICS.

A strange heading truly, and yet not a strange theme.

In Michigan it is, and in Iowa soon will be familiar enough; in almost every state in the Union they are allied, and why? Our Legislators have conceived the idea, that there is a paucity of numbers in the medical and legal professions, and that consequently, in many, if not in all of our states, they have maintained schools of law and medicine. The consequence of this has been, in medicine, to crowd the profession with unworthy members, whose only motives are gain, and who care nothing for its progress as a science, or for suffering humanity, and does not every village have its pettifogging attorney. In other words, is it not an abuse, that the state should make lawyers and doctors, whilst the skilled artisan, mechanic, and engineer, must get his own education as far as regards his particular calling. The evil even does not end here, the Allopathic profession grown gray with age and tradition, arrogate to themselves all wisdom and knowledge in medical science; now whilst we as Homœopathists are willing to grant them the exclusive right to kill, we claim, as a profession, an equal right with them to all the sources of knowledge, and, as citizens, a just share in all gifts, honors, and recognition by the state. *Opinions in this age of the world should not work political disqualification.* We assert further, that gifts and grants by the state to medical schools have done nothing to advance medical science. We propose therefore, instead of fostering schools of medicine, that the state shall give annual grants to

one or more hospitals in the state; that the faculty of said hospitals shall report to the legislature annually on local epidemics and their treatment, as well as the history, treatment, and result, of all cases admitted to said hospitals; that no hospital shall be under the exclusive control of one school of medicine under pain of forfeiting its grant, but that certain wards of said hospital shall be allotted to Homœopathic or Eclectic practitioners when required. Such appears to us a rough outline of a scheme that might advance medicine as a science and might benefit humanity, whilst the existing system is an almost entire failure. We should like to hear the sentiments of the profession.

DECORAH, Iowa, Dec. 18, 1874.

E. CARTWRIGHT.

MEDICAL TOXICOLOGY.

STRYCHNINE POISONING CURED BY ATROPIA.

The *Edinburg Medical Journal* relates a case in which a woman, aged twenty-eight, had taken *Strychnia* for the purpose of suicide. When seen half an hour afterward she was in a state of perfect opisthotonos, the spasms being painful, severe, and of short duration. The stomach was washed out with a stomach-pump and *Chloroform* administered to relieve the pain of the spasms. At this time twenty minims (one-sixth of a grain Brit. Phar.) of *liquor Atropia* was injected sub-cutaneously at intervals of ten minutes. Under this treatment a semi-comatose condition supervened, and after each injection the spasms were observed to become milder. The heart's action was impetuous and irregular, the impulse extending over a large area, no bruit was heard; pulse 130 and fluttering; respiration hurried and slightly stertorous. The pupils were widely dilated; the eyes had a peculiar fixed and bright appearance; the face was flushed, and during the earlier paroxysms the risus sardonicus was well-marked but had now disappeared, the features being natural but immovably fixed. The opisthotonos was entirely gone. The patient appearing to be well under the influence of the *Atropine* it was given more cautiously and at longer intervals in doses of one-twelfth grain. The spasms, however, increased in severity whenever the injections were long omitted. The last severe one occurred about four hours after she had first been seen. Slight ones came on however, after this, if the patient was touched or moved in the least. Four hours later she became conscious but seemed confused. After swallowing a cupfull of strong hot coffee she fell asleep and woke several hours afterwards entirely recovered. The urine was loaded with lithates for three days and then became clear.

She received altogether one hundred and forty minims of *liquor Atropia* (Brit. Phar.), or one and one-sixth grains.

The large quantity borne by her is remarkable, as one-sixth of a grain has been known to have proved fatal in a case of poisoning by *Atropine*.

On examining the material she had used in her attempted self-des-

truction, (Hunter's infallible vermin and insect destroyer,) it was found to contain *Strychnine*, cobalt, sugar, and starch.

LEAD POISONING.

In the case of a family suffering from colica pictonum, it was found that the tea-kettle had been used to melt lead in some ten days before, "to pour into the journals of some mill machinery," and without washing it, had continued to use it for culinary purposes. The lead taken up by the water had thus accumulated in their systems causing the poisoning.

C. H. EVANS.

DISCUSSION ON STATE MEDICINE, ETC.

BY THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The New York State Homœopathic Medical Society held its Twenty-fourth Annual Session in the Common Council Chamber, Albany, February 8 and 9, 1875.

On motion of Dr. T. F. Smith, of New York, a committee of three, consisting of Drs. Smith, H. D. Paine, and Fiske, were appointed to draft resolutions expressive of the sense of the society on the death of Dr. B. F. Bowers, of New York.

REPORTS OF BUREAUX.

Dr. H. M. Paine presented the report on Societies and Institutions, in connection with which Dr. Stiles read the report of the Middletown Insane Asylum.

Dr. H. D. Paine, of New York, reported on the Department of Neurology, and read in connection therewith an article on the death of the late Dr. Albert Wright, of Brooklyn.

On motion, suitable resolutions were adopted upon the death of Dr. Wright.

Dr. L. B. Waldo reported on Climatology, that he had received but one paper, which was entitled "Resort for Consumptives," by Dr. H. N. Avery, of West Virginia.

MISCELLANEOUS.

Dr. H. M. Paine, from the Committee on Credentials, reported a list of those members who were present.

Dr. W. M. L. Fiske spoke upon the subject of Vaccination. The President and Dr. Vincent also made remarks bearing upon the matter.

Dr. Hasbrouck spoke of the case of a license being granted to a lady to practice, and the President said the proceeding was now considered regular.

STATE MEDICINE.

Dr. Paine, of Albany, offered the following suggestions regarding the amended law relating to the practice of medicine and surgery:

First, That the law should be changed so as to provide for a joint session by the censors of all the county societies at stated periods during each year ; or second, provision for a joint list of the unlicensed practitioners in each county, and an equal division of the duties imposed by the law on the censors of the several societies respectively ; or third, a provision allowing unlicensed practitioners, in case of notification by either or all the respective boards of censors, to elect to which of them they may desire to apply for an examination ; also, in case of rejection by the censors of one society, permission to make application to the censors of any other county society in the State ; or fourth, the amendment of the present laws authorizing the formation of county medical societies in such a manner as to provide for one legal medical society only in each county, to membership in which no physician shall be debarred on account of therapeutic belief. These suggestions were proposed for the reason that the law requires the censors of each of the county medical societies in each to perform the same duties, also that in counties where two or three distinct organizations exist, simultaneous action would render the unlicensed practitioner liable to a penalty two or three times repeated. This feature is obviously unjust and evidently was not intended by the authors of the bill, and can be easily changed by the adoption of one of the methods suggested.

WELCOME TO WILLIAM CULLEN BRYANT.

At 3.10 P. M., during the course of Dr. Paine's remarks, Mr. William Cullen Bryant appeared in the chamber, accompanied by Mr. Pelton, Mr. Bryant was introduced to the president by Dr. Hand. The president addressed him as follows :

Mr. Bryant—It is with emotions of great pleasure that I welcome you to the session of the Homœopathic Medical Society of the State of New York. Gentlemen, allow me to introduce to you the poet and sage, William Cullen Bryant, of New York.

Mr. Bryant responded :

Gentlemen—I am very sorry that I cannot remain here longer and be a witness of your proceedings, which I have no doubt will be interesting. I take great interest in the growth of the Homœopathic system, and I am glad to see it spreading as it has in the community. I believe there is no country in the world now in which the Homœopathic system of cure is so generally adopted, so widely diffused, as in this country ; and nowhere, probably, are those who practice it better acquainted with it, study it more attentively and prescribe more wisely. I am very glad, gentlemen, to see you together upon this occasion, and only regret that an engagement prevents me from remaining here longer and listening to what will here transpire.

On motion of Dr. Hand, a recess was taken in order that the members might shake hands with Mr. Bryant.

After the departure of the gentleman, Dr. Paine continued his argument.

Dr. Watson, of Utica, introduced the following resolutions in reference to a

STATE BOARD OF HEALTH,

And supported them in an able and extended speech :

WHEREAS, It is of the highest importance to the welfare of the people that proper sanitary regulations be established throughout the State.

WHEREAS, A bill has been introduced into Congress, creating a kind of National Board of Health, and simultaneously with the introduction of this bill into Congress, bills were submitted to the State Legislatures throughout the Union, and have become laws in seven States, creating State boards of health, with almost unlimited powers in matters of sanitary concern, and with virtually equal powers over the practice of medicine, and over institutions for medical education.

WHEREAS, A practical effect of the creation of such boards is illustrated by the action of the Texas State Board, one of whose first acts was the adoption of a rule prohibiting the practice of medicine by any "save graduates from medical colleges entitled to representation in the American Medical Association;" this "American Medical Association" being a voluntary association of physicians, distinguished by a bitter sectarian spirit, and of which actual or retired army surgeons are the most active and intolerant members.

WHEREAS, The spirit and intent of the efforts to establish this National and these State boards of health is illustrated by the report of Dr. Stephen Smith, of New York, President of "The American Public Health Association," at the recent meeting in Philadelphia (November, 1874). He says: "There is a new element in our political system, which is destined to become a power of no mean import, in the Public Health Service. In every State in the Union agitation has begun. * * * Already in no less than seven States has State medicine found an abiding place, and in the Central government. * * * Every State ought, under the guidance of competent medical authority, to take charge of all the schools of medicine and surgery within its borders, regulate their courses of study, and confer degrees upon candidates and thus establish a uniform standard of medical qualifications. * * * We recognize, in this new element in the State, the same power which, in the Roman commonwealth and empire, gave medicine imperial rank, when the recognized medical authorities were fully empowered to enforce the most thorough medical education and to suppress all forms of irregular and irresponsible practice."

WHEREAS, The homœopathic physicians of the United States are as earnest as those of any other practice, in their desire to elevate the standard of medical education. The American Institute of Homœopathy was the first national society to recommend, and the homœopathic medical colleges were the first to adopt an improved curriculum of medical studies. And they do not admit, in their Allopathic brethren, a greater devotion to sanitary reform and to the legitimate objects of a public health association. They point to the concession, by high allopathic authorities, that homœopathy has done more than anything in modern times to ameliorate the practice of medicine and to develop the study of an enlightened hygiene. And they call attention to the original organization and membership of "The American Public Health Association," in which eminent homœopathic and liberal physicians and laymen were conspicuous. By a revolutionary movement, in which, again, army surgeons were prominent, this organization was abolished, these members were dropped, and the association was seized upon and perverted to partisan objects, which are explained in the report of Dr. Stephen Smith, embodied in the bills now pending in Congress and the State Legislature, and illustrated by the action of the Texas State Board.

Resolved. That the homœopathic members of the medical profession will be always ready to support and participate in honest measures for the public welfare; but they deprecate the establishment of a "State Medicine" as they would that of a "State Religion;" and they hold that

"while doctors disagree and learned men denounce each other's systems, the State must hesitate about conferring exclusive sanction upon any school of medicine or any body of the profession."

Resolved, That we protest against the concession of "Imperial Rank" to any persons or profession in this free country.

Resolved, That in the name of our clients, embracing millions of the most intelligent and patriotic citizens, who, in the exercise of an unquestionable right, choose to entrust their health and lives to legally qualified physicians whom certain societies assume to stigmatize as "irregular," they protest against enactments clothing any "medical authorities" "with power to suppress (what they may please to consider) irregular practice.

Resolved, That inasmuch as in this State three distinct schools of medicine are equally recognized by law, and are equally entitled to representation in all matters of public concern; therefore,

Resolved, That the Homœopathic Medical Society of the State of New York respectfully requests the members of the Legislature of this State to oppose the passage of any bill to create a State board of health, or to regulate the practice of medicine and surgery, which does not provide for an equal representation by name of each of the three schools recognized by law in this State.

An able debate on the adoption of the resolutions ensued, participated in by Drs. H. D. Paine, H. M. Paine, Watson, Hand, Holden, and Fiske.

Dr. Talcott moved that the report of the committee on legislation with the above resolutions be adopted. Carried.

MISCELLANEOUS.

Dr. Waldo offered a resolution relative to the death of Dr. E. P. K. Smith, which was adopted and referred to the committee on necrology.

Dr. Smith offered a resolution relative to the death of Dr. B. F. Bowers, of New York, which was referred to the committee on necrology.

Dr. H. D. Paine, of New York, spoke in relation to the death of Dr. Bowers, and related a remarkable circumstance connected with his history. The circumstance referred to especially was that Dr. Bowers, at the advanced age of seventy-nine years, had reviewed the studies of his youth and passed a brilliant examination before the first State Board of Examiners, being the first candidate to successfully pass the required test.

Dr. Wm. M. L. Fiske read the report of the bureau of surgery, Dr. W. M. Guernsey read the report of the bureau of gynecology, Dr. H. R. Stiles, superintendent of the State homœopathic insane asylum, read the report of the bureau of mental and nervous diseases. The reports of the several bureaus were referred to the publishing committee with power.

Dr. Talcott offered a resolution relative to the death of Dr. Nathan Spencer, of Winfield, N. Y. Carried.

Dr. Kellogg made his report as chairman of the bureau of vital statistics.

Dr. Helmuth, of New York, made a statement relative to the homœopathics surgical hospital of New York.

EVENING SESSION.

At half-past seven o'clock the society assembled in the Assembly chambers and listened to the annual address by Wm. Tod. Helmuth, M. D., of New York, on Professional Animosities. The address was an able and exhaustive one, and was listened to with marked attention.

Adjourned.

Materia Medica Department.

THE HOMŒOPATHICITY OF ELECTRICITY.

(Continued from page 209.)

A discussion of electro-therapeutics from a Homœopathic standpoint has, for us who are already convinced of the force and truth of Hahnemann's deductions, an additional interest and value, for the reason that, if I am not in error respecting my conclusions, they confirm in a striking and convincing manner that other great law of Homœopathy, viz.: That a medicinal agent which is inert or feeble in its crude state, may be so acted upon by attenuating it as to develop latent virtue of a high order. In other words, that a therapeutic agent which at the lowest point of the scale may have little power over the system in health or disease, may be so *dynamized* as, at the highest point of the scale, to be infinitely more powerful, while it is at the same time infinitely more attenuated.

THE TWO CURRENTS DIFFER IN POTENCY.

In unfolding this confirmatory evidence which electricity affords, or seems to afford, we must study the relationship existing between the two currents which are now chiefly used in medicine — the galvanic, or direct, and the faradic, or induced. So far as this discussion goes, it does not signify whether we accept either or any of the promulgated theories as to the essential nature of electricity. It does not matter whether it be a mere property of matter, like attraction and cohesion, or whether it consists, like light in the undulations, of an ethereal medium filling all space, or whether, according to the more prevalent views, it consists of one or two fluids of exceeding tensivity, and having different polarities. Without reference to these opposing theories the fact stands that we have in electricity a therapeutic agent of acknowledged power, which we may study as we study other therapeutic agents,

not as an abstract, palpable substance, but in its chemical, physical, and pathogenetic effects.

Whatever its essential nature, its power to disturb the dynamic relationships of the human body is unquestioned. The only questions which are apropos to the present discussion, and which it is desirable for us to determine, are whether it acts uniformly in a certain direction; whether that direction is in harmony with the law of similars; and lastly, whether faradic and the galvanic currents are different in their essential features, or whether they are one and the same, differing only in quality or degree. We think it capable of demonstration that the latter view is correct; that the one is the outgrowth of the other; that both act according to an invariable pathogenesis, like other medicines, the weaker potency being able to overcome the weaker malign influence, and applicable to cases where the stronger would only aggravate; the stronger and cruder potency being the better able to cope with the more powerful enemy. We have already discussed the pathogenetic effects sufficiently to discern a close affiliation with the law of similars, and it only remains for us to determine the relationship between the various currents. To understand this, let us examine the two currents in their physical, chemical, and dynamic phenomena.

The galvanic current is the primary or direct current, as it comes direct from the chemical action of the battery. It represents the crude or basic principle. This primary or initial current having specific properties, which we shall speak of presently, is capable, under certain conditions, of producing, by catalytic action, and not by contact, a second electric current in a parallel and neighboring wire, which we call the secondary, or indirect faradic current. In order to induce this secondary, or faradic, current, the primary is generally passed through a short, thick wire, coiled round and round like the "worm" of a "still," and is insulated by winding it throughout its entire length with silk, or other non-conducting material. Around this first or induction coil, and separated from it by the non-conducting wrappings, is wound a longer and finer wire, it being also insulable like the first, or primary, coil. Now close the circuit made by the battery and the first coil, or rather wire constituting a series of coils. At the opening, and also at the closing, of the circuit an electric current is induced in the second coil. At the opening of the circuit the direction of this induced current is opposed to that of the inducing current; but at the breaking of the current the direction of this current is reversed. In either case the duration of the current is but momentary.

In modern electrical apparatus for giving the induced current there is an arrangement for rapidly and automatically opening and closing the current by means of Néeff's electrotome, so that the current is so rapidly interrupted as to the senses to seem continuous.

Now the physical and chemical characteristics of the primary or galvanic are these: It is capable of producing heat; of decomposing water; of electroplating, etc.—actions which are termed electrolytic—properties which, as we shall see, are shared by the induced current,

but not in an equal degree. I quote from Meyer's Medical Electricity, translated by Hammond, 1874, page 34 :

“ The chemical action of inductive electricity enables us, by means of the induced current, to decompose water, and a solution of *Iodide of potassium*, and to effect other electrolytic processes; also to bring to a glowing heat a short, thin, platina wire. But all these phenomena are more slowly and less perfectly performed than with the galvanic (primary) current.”

ELECTRICITY POTENTIZED BY “ COILS.”

Dr. Jerome Kidder says, relative to his Induction Battery, by combining various coils of which he is enabled to obtain six different qualities of current: “ By means of the first and second coils we have electrolytic action sufficient to electroplate.” Further on he says, speaking of the relative therapeutic value of the different currents produced by his apparatus: “ Currents of different qualities have different characters of sensation, and different effects on muscular irritability. * * * One quality of current, even so weak in power as not to produce any pain, but rather a pleasant sensation, will show flashes of light when applied over the closed eye with a wet sponge. Another quality of current, even when strong enough to produce pain, will show no light to the eye — will not exercise the vital function of the optic nerve. Which shows that induction electricity can be varied in quality so as to produce different effects on different vital functions.”

That Kidder gets these variations in therapeutic effects from modifications of the helix, or rather from a multiplication of helices, and not from any modification of battery, is evident from the fact that in all the range of his induction batteries he does not change the size or construction of his elements, but from the cheapest to the highest priced — from the poorest to the best — the sole change which has any influence on the character or quality of the current is in the additional number of coils of wire used in the construction of the helices.

The principle by which he is enabled to vary the quality of the current by the addition of coils, is thus stated: “ Though the medium closing the circuits be of such a degree of conductivity as will in each case draw from the magnet (battery) the same amount of electricity, receiving the same proportion of its inducing capacity, as tested by examining the amount of inducing capacity remaining. Yet the currents from the various helices vary in quality, having different physical and physiological effects. * * * The magnetic (battery) force upon the helix determines the power of the induced current, but the intensity, or tension — that is, the quality — is determined, not by the magnetic force upon the helix, but by the physical construction of the helix itself.”

The common electrical machines are made on the principle of simply producing as much as possible of the “ hurt ” influence. These machines have only two helices (or “ coils,” the primary or inducing, and the secondary, or induced), the inner helix being always a necessity for producing the current in the outer one, which has too often been considered valuable in proportion only as it was good to hurt.

In Kidder's best induction apparatus, he has four coils, or helices, each succeeding one from the first being of longer and finer wire. Of this four-coil battery he says: "There is sometimes a demand for a still larger range of effect" (than can be had from his battery with three coils), "and to meet this demand a four-coil helix is furnished, the fourth coil being conditioned to produce electricity in such a ratio of quantity and intensity, when used in combination with all the other coils, as will go beyond their range of greatest effects in the muscles, and further into the range of soothing electricity."

It should be remembered that this battery only differs from others, not in the size, number, or character of elements, but solely in construction of helix, and only differs here in increasing the number of coils, and in making each one larger and finer. It is the mild and unirritating quality of this fourth coil which has made Kidder's machines so popular, and has cured so many cases of disease that had not derived benefit from previous trials with cruder apparatus.

Beard and Rockwell, in their work already referred to in a chapter on The Comparative Value of the Galvanic and Faradic Currents, still further elaborate this view of the subject. They say:

"From the accumulating results of experiments and experience in electro-diagnosis and therapeutics, we think there is strong reason for regarding the essential distinction in the effects of these currents on the body as not one of *kind*, but mainly one of *degree*; and this is the scientific basis for their differential employment. Thus the galvanic current applied to the face and head produces flashes on the retina, while the faradic will not. But we have treated a number of cases of nervous diseases where the same flashes were caused by the faradic.

"With the improvement in their general condition, this unusual susceptibility to the faradic current has disappeared. An important peculiarity of the galvanic current is that when applied on the neck it causes a metallic taste; and yet we have seen a case of constitutional neuralgia, combined with excessive irritability, where the same effect was markedly, and even unpleasantly, produced by the faradic current. Other well-recognized peculiarities in the effects of the galvanic current, distinguishing it from those of the faradic, such as giddiness, and vertigo, when applied on or near the head; redness and burning sensation of the skin at points on the surface where the electrodes are applied are observed in a less degree from the faradic current, and some of them, in cases of abnormal sensitiveness, are very decided.

"When we come to study their therapeutical effects, we also find that the two currents differ chiefly in degree. In the form of localized electrization both can produce muscular contraction in paralyzed muscles, and relieve local neuralgias; both cause absorption of abnormal secretions; and both can directly affect the brain, spinal cord, sympathetic, and all the internal organs, producing in different degrees the various therapeutical results that directly and indirectly flow from electrization of these parts."

The advantages of the galvanic over faradic, are:

1. A greater power of overcoming resistance.
2. A power of producing muscular contractions in cases where the faradic fails.
3. A far more potent catalytic, electrotonic, chemical, and thermic action.

The advantages of the faradic over the galvanic current, are :

1. It more easily produces muscular contractions when passed over the muscles, or the nerves that supply them.
2. It produces greater mechanical effects.
3. It is less likely to produce unpleasant or harmful effects when incautiously used, than the galvanic.

Beard and Rockwell refer to a number of cases of severe constitutional neuralgia and excessive nervous exhaustion where the faradic current invariably relieved, and where the galvanic current as invariably aggravated the symptoms. And they state that their experience teaches them that wherever the galvanic current can be used without injury, there also a faradic current of corresponding intensity will be harmless; and further, that, as already stated, in certain conditions when the galvanic current—even when its tension is very slight—may occasion evil results, the faradic is not only harmless, but of decided benefit. They state, also, in confirmation of their statements, that they rest not on *a priori* grounds, but on the evident results of clinical observation.*

CONCLUSION—THE TWO CURRENTS DIFFER IN ATTENUATION.

We cannot, then, I think, escape the conclusion that the two currents are not essentially different in their nature and therapeutic effects, but are identical except in degree. Where the dynamic forces of the system are but slightly disturbed, we may require but a very mild and gentle current to restore the equilibrium; but with a greater disturbance, a greater potency may be requisite. And here we have an explanation of the different results of different observers who have experimented with this agent. Some have achieved brilliant results with the direct current; others have produced aggravations in apparently similar cases with this current, but have succeeded with the extra current. Others, again, have failed with both the former, and prefer the secondary, or the tertiary induced currents. Is it not precisely so with all, or at least many, of the remedies that make up our *Materia Medica*? Some physicians prefer the lower attenuations, and some the

* As a further illustration of the different effects of the two currents, we may contrast the cautious use of the galvanic current, which is advocated by all writers on the subject, and the following experiment, performed at the Cooper Institute, in New York, some years ago—I think in 1863—by Dr. Jerome Kidder: The largest induction coil ever constructed is that of Ruhmkorff, consisting of sixteen miles of wire. It was supposed that this coil was so powerful that it was capable of killing a hundred men by a single shock. But Dr. Kidder, for the purpose of demonstrating the innocuous character of the induction current, and reasoning that, notwithstanding the great power of a current coming from such a coil, this very fact would render it so mild and refined, and so very conductile that it would not lacerate the tissues in its passage through the body, and would not, therefore, endanger life. He consequently offered to pass through his own person an electric shock equal to that of the Ruhmkorff coil, and before a number of scientific gentlemen he successfully performed the experiment. The battery used consisted of six of the large Bunson cups, equal to twenty-four of Smee's elements of equal size, and the experiment is vouched for by Prof. Vanderweyde, who arranged the apparatus, and by others who witnessed it.

higher; and all claim good results from their familiar potency. We think, therefore, in view of the foregoing, that we can assert, and support the assertion, that the induced current at each point of the scale of induction, is but an attenuation of the original inducing or primary current, each attenuation having special peculiarities which adapt it to some special therapeutic uses.

The higher we ascend in the scale, the further we remove from the primary current, the more we lose the grosser characteristics of this current until, even at the third remove, we lose all traces of chemical and electrolytic action, and have left only its mechanical and therapeutic, or pathogenic, powers, which are enhanced in inverse ratio.

Meyer tells us, however, that by adding coil upon coil we reach, finally, the highest power of the induction current, and from this point the addition of other coils is attended by a diminished power. *Query*: Is it not so with *Bell.*, *Bry.*, and, indeed, with all our remedies? Is it not possible that with them, too, we may transcend the point of highest dynamization, and by carrying the attenuating process too far reach an inert substance? Otherwise it would seem that *Belladonna* could be attenuated, for instance, to an altitude and a potency where a drop would have more headache in it than a pound can of nitro-glycerine.

It is probable, on the contrary, that, as with electricity, so with other remedies: their highest dynamic power is reached at some point in the scale; that when, in any given case, we have found the true similitum of the disease, the higher potencies are adapted to the more sensitive and impressible constitutions, and the lower to the grosser and less susceptible.

But whether this be true or not, we think we have adduced evidence enough to show that electricity is not so different from our other therapeutic agents but that it may be studied precisely as we study them; nay, that it must be studied in this manner if it is studied at all with success. Its application is governed by no new law, or laws, that do not equally govern each and every member of the *Materia Medica*. It certainly does follow the law of similars in the direction we have pointed out, and it follows the law as intimately and as undeviatingly as any known remedial agent; and we believe that it is equally susceptible of proof that it works and acts *only* in accordance with this law; that it does cure, and can cure, only such described conditions as it is capable of setting up, or originating, in the healthy organism. It is incapable of setting up a general febrile movement throughout the body, and is incapable as a remedy in such a condition. It will not set up such a train of symptoms as we have in measles, or whooping cough, or scarlatina, and it has never been successfully applied in either. It will vesiccate the skin and produce an eruption resembling erythema, and it has, according to good authority, quickly cured similar conditions. It is capable of producing a stasis of blood in glands and tissues, with pain, and swelling, and all the phenomena of congestion; and that it will relieve such a condition more rapidly and surely than any other remedy, all the books testify.

But we repeat again, it has no universal application to disease. It

will not cure everything. Unlike *Calcarea*, electricity has no kindred relationship to the scrofulous diathesis; it has no relationship to suppurating surfaces like *Mercurius* and *Hepar sulph.* It is by no means an analogue of *Aconite* and *Gelsemium*, whose appropriate sphere of action is that of fevers. It has no specific application to special organs, like *Veratrum*, *Digitalis*, and *Cactus*. It does not trespass on the domain of any of our specific remedies whose range of action has been clearly defined. It has, however, a sphere of action which is unique and *sui generis*, and in which it ought to, and will, rule supreme.

Its special application, as we have seen, is to the neurosis. In nervous exhaustion, in atonia, in the paralyzes, in neuralgia, and in spasmodic affections — here is its appropriate sphere of action, and here it is unrivaled. In this sphere, at every point, it is capable of simulating the affections to which it is most curative. And it does not run counter to, or override, that great therapeutic law discovered by the immortal founder of our school of medicine, but it does everywhere, and all the time, in every affection where it has won repute, corroborate in the strongest possible manner the universality of that law, which he expressed so laconically and forcibly in the words, "*Similia, similibus, curantur.*"

[NOTE.—Since the reading of this paper Dr. Tooker has had constructed by the Western Electric Manufacturing Company, of this city, a helix of *ten coils*, which has, so far as it has yet been tried, fully corroborated the views herein stated.]

PSYCHOLOGICAL KEY-NOTES.

BY C. D. FAIRBANKS, ENGLEWOOD, ILL.

Continued from page 322, Vol. XI.

Cactus grand.—Sadness and irresistible inclination to weep; profound melancholy; fear of death; loves to be alone; irritable and passionate. See *Dig.*, *Acon.*

Caladium.—Melancholy, and forgetfulness with impotence (or pruritus). *Anac.*, *Agnus.*

Calcarea carb.—Depression of spirits. want of cheerfulness; heaviness of limbs; anxiety about trifles; sadness with great desire to weep:—*Puls.*—fearful apprehensions of future troubles, as of ill-health or other misfortunes; despairs of life; imagines she is obliged to die; fears she will lose her understanding, or that others will think her insane; sulky, repulsive disposition; forgetful; children are peevish, self-willed, mischievous.

Calc. phos.—Sensitive; easily excited; mental and physical anxiety in cold or damp weather. May be useful in cases of disappointed love.

Camphor.—Anguish, with weakness and weeping; confusion of ideas; ill humor; mania to dispute; *cold clammy skin.*

Cannabis ind.—Incoherent speech; exaltation of spirits; imagines he

hears music, shuts his eyes, and is lost for some time in the most delicious thoughts and dreams; constant fear of becoming insane. (It affects the mental sphere very highly and the physical but very little). F.

Cantharis.—Amorous phrenzy; a whining mood; paroxysms of rage, crying, barking, at bright colors, or when drinking water. *Phos., Plat.?*

Capsicum.—Sensation as if falling from a height during sleep; peevish; easily offended; nostalgia.

Carbo an.—Alternately cheerful and melancholy; fear of darkness.

Carbo veg.—Periodical weakness of memory; indifference; *China* and *Phos. acid.*, dread of ghosts.

Causticum.—Fearful, as in dark; suspicious; absent-minded; (with drooping eyelids).

Chamomilla.—Great mental irritability; snappish, can hardly speak civil; talks loud; desire to dispute; great anger; quarrelsome; crying and uneasiness; child must be "walked about;" he wants many things which are quickly repelled.

China.—Indifference and apathy; contempt of every thing, even of friends; changeable humor; ill humor; nervous irritability; slowness of ideas.

Chin. sul.—Confused ideas; cannot bear to be touched or moved, it so greatly aggravates the pains; noises in the ears.

Cicuta.—Moaning and howling; rash, absurd, or violent actions; insane love of solitude and dread of men; convulsions.

Cimicifuga.—Dejected, dull, heavy; grieved, troubled, with sighing; afterward a feeling of tremulous joy, with playfulness, clear intellect; delirium, with wild look; dilated pupils; incoherent speech; sees rats, mice, and insects; wakeful; roaring in head; *Chin. sul., Cocculus.*

Cina.—Ill-humor in children, with aversion to everything.

Cistus can.—Bad effects from excitement or vexation; *Cham.*

Cocculus.—Sadness and weeping; wrapped in sorrowful thoughts; anxiety of conscience; for self-abuse or studious sedentary persons, with dull heavy pain in occiput—medulla oblongata? F.

Coffea.—Excessive irritability of the highest degree; sentimental ecstasy; excitement of intellect and imagination; great gaiety; wakeful; on the constant move. (While *Cannabis ind.* produces a passive, dreamy intoxication, *Coffea* produces a very wakeful, hilarious intoxication with great irritability. F.)

Colchicum.—Sufferings from loss of sleep or excessive study; *Cimicifuga, Gels.?*

Conium.—Sufferings from extreme continence, also from sexual excesses, with low spirits; anxious; sad; dreads society, and also dreads to be alone; whirling vertigo; weak memory.

Crocus.—Sudden alternations from grave to gay; quarrelsome and raging, soon followed by loud laughter and singing—as in hysteria.

Crotalus.—Melancholy; dread of men; sudden weakness; headache and nausea.

Cuprum.—Malice, rage, desire to bite, with incoherent delirious talk, followed by clonic spasms; *Hyos.*, convulsive laughter; restless anguish.

Cyclamen.—Quiet ill-humor, internal grief. *Ignatia.*

SOME SINGULAR MORPHINE EFFECTS.

I send you a slight proving of *Morphine* recently made by myself.

At 9 o'clock last evening, by way of experiment, I injected one-quarter grain of *Morphiæ Sulph.* into left forearm with hypodermic syringe. The only effects following this were heaviness of arms and head, and tingling in feet. After fifteen minutes injected another quarter grain. Soon became so sleepy that it was with much difficulty that I was able to reach my room and undress. While engaged in undressing, my mind was very active, but seemingly without control of the will. Thoughts followed each other in quick succession, and the mind jumped rapidly from one subject to another. The condition seemed to be analogous to that which exists when in a dream, seeming to involve days or weeks, will be known to occupy but a few seconds or minutes of time.

I think that I slept for a short time after my head touched the pillow, but was soon awakened by an itching sensation over my whole body, which induced vigorous and constant scratching. This sensation was felt on every part of my body, from the crown of my head to the soles of feet. Head itched as though innumerable insects were crawling through my hair. Face felt as though covered with cobwebs, which I would try to wipe off. Bottom of feet felt as if I had the chilblains. The legs, arms, abdomen, chest, and back, all itched as though being tickled with feathers, and I was kept busy scratching from head to feet. This lasted till morning, and I should be afraid to say how many times I raked over my entire body with my ten finger-nails. I think that occasionally, after giving myself a thorough going over, I would drop asleep, but soon be awakened by the itching, and have to scratch more vigorously than ever. I expected to find my body covered with blotches but my skin was as white and smooth as ever. Experienced much vertigo on rising. Found the pupils very much contracted—would not respond to light. Eyes felt small—too small for sockets. Eyes looked watery and countenance haggard, like one who had been dissipating. Gait irregular—staggered like a drunken man. Impossible to study, or fix mind on any one subject. For an hour after rising, in talking would have to stop in the midst of the simplest sentence to think what word to say next. At intervals all day, and this evening, feel here and there on body slight itching, and if I were on the sand beach of Carolina should think it suggested fleas. Twenty-four hours from taking the drug this is the only remaining symptom.

The contraction of the pupil in this case implies one of two conditions: Either paralysis of that portion of the *sympathetic* supplying the radiating fibres of the iris, leaving the annular fibres alone to act; or, the *sympathetic* was unaffected and the *motor oculi communis* irritated, causing undue contraction of annular fibres. Can you offer any suggestion as to which condition obtained?

C. B. GATCHELL.

KENOSHA, Wis., Feb. 16.

SOME CHARACTERISTIC KEY-NOTES.

Sepia.—Asthma: short, easy inspiration, and long, slow *wheezing* expiration — also *Opium*.

Kali carb.—Feeling as if the bed was sinking from under her — also *Bryonia*.

Sicta pulm.—Great desire to talk about anything and everything; doesn't care if any one listens or not, must talk any way; feels as if she cannot keep her tongue still.

Sicta pulm.—Severe pain from sternum to spinal column, and a feeling of rumbling, turning, in stomach as if full of yeast.

Sepia.—Ringworms on scalp and arms and in fact all over the body. Go for *Sepia* whenever a ringworm appears.

Thuja.—Ophthalmia, photophobia great, and every time he breathes it seems as if the cold air rushed in and out of his eyes; for this reason he must cover them up very warm.

Aloes.—As soon as he eats anything he must go to stool.

Apis.—Ophthalmia, with photophobia, but can't bear any coverings on the eyes.

Baryta carb.—Fatty tumors; cystic growths.

Calc. carb.—Pterygium (best).

Gelsemium.—Spermatorrhœa. Testicles very much relaxed and continually sweating, even after painting with *Tinct. iod.* the sweat reappears.

GEORGE H. CARR.

Surgical Department.

, SOME SURGICAL NOTES.

FROM PROFESSOR NAUSSBAUM'S SURGICAL CLINIC, MUNICH.

I. After any surgical operation, a *favorable prognosis* is always admissible, as a general rule, whenever the secretion of the wound is not bloody — not a *hæmorrhagic exudation* — but a good-looking *serous* liquid of a *light* color, which would prove as a normal action of the vasomotor nerve and a sound tonicity of the tissue in question. A *sanguinolent* discharge, on the other hand, betokens the contrary, presenting an *unfavorable prognosis*.

II. Ligature of *smaller arteries* is altogether unnecessary, for instance of the *arteria radialis, ulnaris, tibialis antica, postica, peronæa, etc.*, and only unavoidable in the *arteria anonyma, carotis communis, cruralis, and brachialis*. A compression produced by means of a little moist sponge, about half the size of a fist, applied directly at the bleeding spot and fastened by a piece of cloth, with the knots on top of the sponge, is quite sufficient and the safest way to stop a hæmorrhage.

III. Conservative surgery is, generally, improper in cases of (a) perfect peeling off of the skin, mortification thus often following by degrees, sometimes, after several months, in the shape of mummification; (b) a complete laceration of the soft parts and muscles, and (c) a destruction of the main arteries, veins, and nerves, in combination with a fracture of the bones. In all such cases primary amputation or exarticulation is justifiable.

IV. All surgical operations ought to be performed during the secondary effects of *Chloroform*, under the so-called depression, the first stage being that of irritation. An exception to this rule would only take place in three particular instances: (a) in decapitation of the tonsils. Extripation is not a correct term and never ought to be performed at all, the posterior wall of the tonsils being the anterior wall of the *arteria pharyngea ascendens*; (b) in tracheotomy, and (c) in tenotomy. In the first two instances, the patient must retain a certain amount of consciousness for reaction, caused by the action of the blood running down into the larynx, which might otherwise induce suffocation. In tenotomy also, some contraction of the tendons must remain, in order to facilitate the cutting of these organs. In these three specified examples, operative acts are invariably to be performed in the first stage of the *Chloroform* narcosis, that is of irritation or excitation. Persons under *Chloroform* are never dangerously affected, so long as the lips are red or blue, the latter affection arising from a hindrance in the venous circulation. But pale lips always indicate the highest danger, some paralytic condition of the heart, which is to be feared in patients especially of a fatty and relaxed system. In phthisis pulmonalis there is no particular danger, nor in new-born children from *Chloroform*, as they may be put under its influence on the third day after delivery, because they can more readily afford to be without oxygen for a short while.

V. Wounds of the scalp are better not sewed up all, except in cases where the whole scalp is torn off. The suture may be employed, then, in order to effect a closer union of the parts. In all other instances, the suture is better avoided, not because the stitches would hurt, but because a gathering of the secreted pus may happen and thus an absorption of the matter into the blood with consequent septicæmia or pyæmia.

VI. Septicæmia is usually prevented after operations on the bones by the application of the *ferrum candens* at the severed surfaces of the osseous substances. Out of seventeen cases no less than eleven had perished in one season, by that accident, in the general hospital at Munich, while during the use of the red-hot iron not a single case of this kind has been lost.

VII. Cauterization with *Nitrate of silver* in operations of strictures of the urethra is a sure preventive of uræmia, that is so apt to take place directly afterwards by the patients tossing about in bed — a characteristic symptom of uræmia. Also a concentrated solution instead of *Argentum nitricum* will answer the purpose.

VIII. In fracture of a struma cystica, when a drainage tube is introduced and passed throughout, it is to be tied up by strong threads, where it (the tube) touches the skin, in order to prevent a hæmorrhage which is apt to follow sometimes.

More anon.

J. B. BRAUN.

Medical News.

Dr. H. Pearse, of Green Bay, Wis., has been suffering for some time from inflammatory rheumatism and erysipelas.

That "Clinical Study," page 127, interested many of our readers. Will the author send us his observations on *Hydrastis*?

State Medicine.—All our societies seem awake to the gravity of the situation in reference to State Medicine. Look out for State Medicine bills just now. Which States have such bills?

Three Months Subscribers.—Did you ever get as valuable medical matter for the small sum of \$1.00? Now just go with us to the end of the year, and you will say that twenty-four numbers of this journal are cheap at \$5.00.

For Sale.—A good practice and property for sale for \$1,000 cash, and \$800 on two years time. No better location in the West for a Homeopathic physician. Letters of inquiry will be answered for thirty days. Address,
T. H. BRAGG, M. D., Hamburg, Iowa.

Homœopathy in the Michigan University.—Regent Rynd, chairman of the Committee on Medical Department, thinks it a matter of justice that the Homeopathic professors should be appointed, and said, at a meeting held February 17th, "if the Legislature would only furnish the means all should fare alike."

Keep the Spoon Out.—I see advertised a tumbler dial cover, all very desirable, but it says "the spoon can remain in the tumbler," etc. For twenty years I have objected to any metal spoon remaining in the medicine. I have seen some medicines discolor the spoon, and not low attenuations, either. Give us your opinion on the subject. H. P.

Removals.—Dr. F. Brick from Keene, N. H., to Worcester, Mass., where he has formed a partnership with Dr. W. B. Chamberlain. Dr. G. W. Flagg is Dr. B.'s successor at Keene. — Dr. T. T. Oliver, from Carbondale, Ill., to Atchison, Kan. — Dr. W. H. Parsons, from Atchison, Kan., to Burlington, Iowa. — Dr. Catlin goes into the office of Dr. Kirkpatrick, of Canton, Ohio. Dr. K. takes a trip to California, for a summer sojourn in search of health.

Homœopathy in England.—Cry aloud and shout! Would you believe it, a medical school is actually set on foot in London, in connection with the Homœopathic Hospital in Great Ormond street. Dr. Dudgeon lectures on Homœopathy; Dr. Hughes on *Materia Medica*, and the hospital staff on Clinical Medicine. To Dr. Bayes much of the credit is due for this advance movement. Go on brethren, complete your faculty and give a regular course of lectures annually, even if you have only six students to begin with. A medical school is the need (of Homœopathy) in Great Britain.

American Clinical Lectures.—G. P. Putnam's Sons, N. Y., announce that they propose to publish a series of clinical lectures by representative American Medical Teachers, upon topics of practical interest. The enterprise was suggested by the Volkmann "Sammlung klinischer Vorträge" (Collections of Clinical Lectures), which has met with great success, and fills an important place in the Medical literature of Germany, and the special value of which is well known to many in this country. The series will be begun by the publication of one lecture each month. They will be carefully and handsomely printed in pamphlet form, containing from twenty to thirty octavo

pages. For the first year no subscriptions will be received, but the lectures will be sold separately at from 30 to 50 cents each. The first number of the series will be ready about February 1st, and will consist of a lecture by Prof. Lewis A. Sayre, on Disease of the Hip-joint.

Persecution in Michigan.—The so-styled "State Medical Society" has recently begun a fresh warfare on Homœopathy. They have a bill before the Legislature asking that a law be passed appointing a State Board of Censors—of course under their supervision. Before these "wise men" all physicians, whether graduates or otherwise, are to be summoned once a year and examined as to their qualifications to practice medicine. Hereafter medical colleges must take the back-ground in medical education, since they can be only preparatory to the decision of this Board of Aliopaths. The Homœopath must now post himself up as to the number of drugs that can be compounded in one prescription, and how large a dose can be safely given before death ensues. If not able to answer these questions satisfactorily, he must step down and out. . . . The profession have long need a journal such as now seems to be supplied by the U. S. MEDICAL INVESTIGATOR. "Long may it wave." DEFOREST HUNT.

GRAND RAPIDS, Mich., Feb. 8, 1875.

Commencement of the Homœopathic Hospital College, Cleveland.—The commencement exercises of the Homœopathic Hospital College were held at the hall on Prospect street Wednesday evening February 17th, a large audience, composed of the friends and relatives of the graduates, being in attendance.

After the appropriate opening prayer by Rev. C. W. Cushing, Rev. E. P. Jeffers delivered the annual address, which was in every respect a most satisfactory and creditable effort. The address was a kind of review of the subject of medicine and the work of medical practitioners, and was concluded with a few words of good and earnest counsel to the members of the class about to leave their *Alma Mater*.

The President of the college, Hon. Geo. Willey, conferred the degrees, making a few apt and apropos remarks to the recipients in the way of advice for the future and commendation of what had been accomplished in the past.

Professor C. H. Von Tagen delivered the valedictory, and appropriately touched all topics that the class should have in consideration upon leaving the college. The essay was a model paper, and its reception was highly complimentary to the author.

The distribution of prizes was perhaps of more interest than any other part of the programme to the pupils of the college, the recipients and their friends. Each person who received a gift from the faculty was loudly applauded. First came the English scholarship prize, presented with a few remarks by President Willey, to Miss Adelia J. Brindle. The Baldwin prizes, three in number, were presented in the following order by Dr. H. H. Baxter: First, to Mrs. M. A. Canfield; second, to E. R. Eggleston; third, to D. S. More. Prof. N. Schneider made the remarks attending the clinical prizes to Dr. Charles T. Mitchell, Mrs. A. A. Darby and E. C. Buell. The obstetric prize was presented by Prof. J. C. Sanders to Martin Besemer and the anatomical prize to H. C. Royer by Prof. G. J. Jones. The audience was dismissed with the benediction.

The following are the members of the graduating class; G. E. Barker, N. Y.; Martin Besemer, N. Y.; I. H. Borger, Ind.; Miss A. J. Brindle, Penn.; Mrs. M. A. Canfield, O.; James Dickenson, O.; Will A. Egbert, O.; E. R. Eggleston, O.; A. A. Harding, O.; J. D. C. Heineman, N. Y.; S. W. Hickman, Penn.; Mrs. E. F. Hollinshead, N. Y.; W. E. Keith, N. Y.; J. B. Lewis, O.; Mrs. L. M. Lincoln, O.; J. M. List, Penn.; Charles T. Mitchell, M. D., Ontario; D. S. More, Wis.; Miss S. F. Rose, Penn.; Miss L. A. Robinson, O.; J. B. Sargent, N. Y.; F. C. Steingraver, O.; C. H. Stroug, N. Y.; J. F. Thompson, Ind—24.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

HEADLAND, Neb. March 1.—The sickness here now is typhoid fever and diphtheritic croup.

F. HULLHORST,

HAMLET, N. Y. Feb. 26.—We are having scarlatina here, have had two cases of rothlen.

A. STANTON RICHARDSON.

HAMPTON, Iowa, March 3.—There has been very little sickness here this winter, the principal diseases now are pneumonia and ulcerated sore throat.

H. H. CHAPPELL.

HAMBURG, Iowa, Feb. 27.—Prevailing diseases this winter are typhoid and pneumonia fevers. Treatment in typhoid *Gels.* and *Acon.* in pneumonia *Acon.*, *Ipec.* etc.

T. H. BRAGG.

MACKINAW, Ill., March 1.—This community has been very healthy for the past three months. Within the last three weeks, diphtheria tonsillitis and pneumonia have been prevalent. Treatment for the former two *Merc. bijod 3* and *Phytol. 1*, have cured all cases. Treatment for pneumonia *Gels.* and *Tart. emet.* have served me well.

B. F. A. KUENY.

BERGERS POINT, N. J.—Diphtheria influenza pneumonia and bronchitis have one or all invaded nearly every family. Weather has been changeable with cold winds.

CLEVELAND, O., Feb. 19.—Weather has been steady cold and dry. diphtheria, scarlatina, influenza, bronchitis, pneumonia, and diseases consequent upon cold have been prevalent. Another case of small-pox which ended fatally has been reported. Logan, O. has a small-pox scare now raging.
J. PETTET.

FRANKLIN, Ohio.—G. S. Foster, reports five cases of small-pox in his charge all progressing safely under *Tart. em.* and *Bell.* Disease caused from a tramp—imported it.

DOVER, N. H., March 3.—Bronchitis, pneumonia and bilious colic are the prevailing diseases here now. also light forms of diphtheria. A hard year for consumptives.
E. B. CUSHING.

BLOOMFIELD, Ont., March 5.—Not much sickness here. The prevailing diseases are typhoid, scarlatina, diphtheria and tonsillitis, mortality very light. I heartily thank Dr. Dake for his article on Schussler's remedies in the last number of this journal, he expresses my views exactly.
A. NOXON.

SAN FRANCISCO, Feb. 20.—Made a good hit in hooping cough with *Calc. carb.* 200, child eight months large head, blue eyes, duration at time of prescription nearly three weeks, the key note symptom besides the large head and blue eyes, was, back of head sweats a great deal wetting the pillow—relief followed at once. No especial epidemic of diseases here now. One case of lumbago cured with *Rhus* 200, another with *Rhus* 75,000, one powder each.
G. M. PEASE.

CHATTANOOGA, Tenn. Feb. 19.—Of health we are "fair to middling." Catarrhal fevers arising from excesses in hot greasy food, airy rooms and carelessness in dress, *Nux* 3, and *Merc. sol.* assists the reparative process. Pneumonias are light with us, but blisters, *Quinine* and *Calomel* sends the death ratio up to 50 per cent, by the "regular" method. The "regular" bill for the protection of the poor simple public against quackery, has been defeated by a vote of 22 to 3, these three being "regular M. D's."
D. G. CURTIS.

ATCHISON, Kan., March 2.—Bad colds developing into throat and lung affections have prevailed very generally here during the last two months. We have had an epidemic of sore throat and acute catarrh of the respiratory organs; *Acon.*, *Bell.*, *Bry.*, *Merc. protiod.*, *Puls.* and *Verat. vir.* have given very good results. There has also been an unusually large number of cases of pneumonia here this winter; principle remedies used were: *Acon.* low in the first stage, afterwards *Bry.*, *Bell.*, *Phos.* and *Stibium.* *Ferrum*, *Phos.* has done good service in some cases. In the typhoid form I have used *Rhus tox.* successfully. There has been many deaths in the last month, under the regular treatment, but none so far under the Homeopathic practice. I like the INVESTIGATOR more than I can tell.
G. H. S. JOHNSON.

GALVESTON, Texas, Feb. 22.—We have had rain, rain, RAIN, for three months with scarcely an average of one clear day in ten. Catarrh, pneumonia, and rheumatism, have been most prevalent though the sickness has been less than might have been expected. *Phos.*, *Bry.* and *Tarter emet.* have been the principal remedies in the first class while *Phyt.* has done excellent service in rheumatism. A case of chronic catarrh of posterior nasal passages (not syphilitic) is improving rapidly upon *Cinnab.* 6. The INVESTIGATOR has always been, and continues to be, my favorite among all the journals. E. P. ANGELL.

ARCOLA, Ill., March 4.—During the past three months there has been much sickness in this locality. The majority of cases have been influenza, pneumonia, typhoid fever and tonsillitis. *Acon.*, *Bell.*, *Bry.*, and *Phos.*, from 3 to 30, were the principal remedies employed. I cured a case of syphilis of fourteen years standing, not long since with *Aur.* 4 and *Hep.* 3. There are four Allopaths in this place. When I came here fourteen months ago, they laughed and said that they were glad that I had come, as they "wished some one to take the poor practice off their hands." But since I have the patronage of the very best citizens of the city and vicinity, they sing a different tune, they never lose an opportunity to abuse me, but this all does me no harm as I am daily getting some of their patients. Every body here seems perfectly astonished at the rapid progress of Homœopathy. S. N. SANDERS.

COUNCIL BLUFFS, Iowa, Jan. 31.—During the last half of January, or from the 18th to the 23d, *Bryonia* was frequently indicated for congestions of the lungs and liver, also for muscular rheumatism. From the 23d to the 31st, the remedies were *Bell.*, *Sulph.*, *Calc. carb.*, *Phos.*, *Bryonia* twice. *Ferri phos.* once for a lady who has "blind headache," at the same time bearing down sensation in the uterus with constant dull pain in either ovarian region. A small powder of *Ferri phos.* 12x. trit., in water, teaspoonful doses every two hours, relieved all the symptoms. *Spigelia* was twice indicated in prosopalgia, left side pains, involving the brow, orbit, malar bone, and teeth. This remedy was given in the 30th attenuation, pellets in water, teaspoonful doses every two hours. *Merc. sol.* 6 was indicated for tonsillitis in three cases. In one it caused resolution, after five days of Allopathic treatment.

WALTER D. STILLMAN.

FRANKLIN, O. March 3.—During this unusually severe winter, extreme cold with rapid changes in the weather, this part of southern Ohio (Warren county,) has suffered in common with the rest of the country. Scarlet fever and rash *Rhus.*, *Bell.*, *Iod.*, *Merc.*; small-pox *Bell.*, *Tart. em.*, *Bry.*; pneumonia *Bry.*, *Ppos.*, *Tart. em.*, *Bell.*, *Verat. ver.*, *Lyc.* They are discovering here that this disease can be cured without blisters. Several cases typhoid pneumonia under the "regular" treatment have died. Diphtheria *Bell.*, *Apis*, *Merc. protoiod.*; erysipelas, *Bell.*, *Rhus.*; hooping-cough *Bell.*, *Dros.*, *Tart. em.* Very severe colds settling all over the body with severe pains, ending in the throat and head, *Rhus.*, *Cim.*, *Merc. r.*, *Acon.*, *Bell.* I find the lung troubles are very numerous and severe this season. Was pleased to see the "phiz" of my old pre-

ceptor Dr. Dake, in a late number. Homœopathy is rapidly on the increase here. I hope our men are active against that sum of all villainies "State medicine." "Eternal vigilance etc" remember it. Your reports agree generally with my observations and experience.

G. S. FOSTER.

ROCKVILLE CENTER, N. Y., Feb. 23.—My location is on the south side of Long Island, on Hempstead bay. We have had a very cold and icy winter. Such a one never known before. Not much sickness, a little of all sorts. During the eighteen months I have been in this place, I have cured about one hundred and fifty cases of diphtheria with *Cyan. mer.* 3. Such is my confidence in this remedy I would trust to it alone in any case. Reserve forces, *Bry.*, *Bap.*, and *Lach.*

THE CASE OF INVERTED NIPPLES.

I think *Apis* is the remedy. Not that it has any special power over the breast, but because it has great power over ovarian difficulties. One of the clearest evidences of ovarian difficulties, is the indentation of the nipple, the head of it drawn in. In every case where such is the case, *Apis* 3 will cure. I think the lady must be hysterical, and shrinks when the baby touches the nipple, or at the thought of its doing so, and thus by the jumping of the ovary the nipple is inverted, or drawn in. This is my opinion. There is not as much about this case as there ought to be, in order to give a clear judgment.

APIS FOR SCARLET FEVER.

Do any of your correspondents use *Apis* for scarlet fever, to cure and prevent. I believe it has this power. For four years I have used it with perfect success. In a recent case, where I was called too late to save the child, it was dying when I first saw it, I gave it to the three other children, and although one was in bed with the dying child yet none of them took the fever. Whenever I am in attendance on this disease, I always mix *Apis* 3 in water and give my own children, and none of them have taken it yet. This is the only caution I use.

ROBERT BORCOCK.

ALEDO, Ill., Feb. 20.—Last year was a very healthy one with us although deaths from consumption have been frequent. *Rhus tox.* or *Sanguinaria* will often thwart it in the incipient stage, and in later stages prove beneficial, as does also *Kali carb.*, *Lycop.*, *Ferrum*, and others. Catarrhs are very common and, to me, perplexing, *Acon.* and *Puls.* sometimes useful in early stage; *Kali bich.* in a few cases with discharge of dry scab. Would like suggestions from those more successful. Since severe cold weather set in sore throats are prevalent, for which *Ars. iod.* is frequently useful; also pneumonia, for which *Tart. em.* is often indicated; also typhoid fever, but *Baptisia* thwarts it nearly every time.

Will you, or some of your readers, aid me in the following cases:

CASE I. Boy of eight years, light complexion, leuco-phlegmatic temperament, delicate constitution. For nearly a year has been under my treatment for ulceration of left parotid gland, doubtless of scrofu-

lous origin; has frequent attacks of inflammation of the eye after taking cold. His nostrils and upper lip are swollen and ulcerated. Coryza.

CASE II. Girl of four years, of scrofulous parents. For four months has had an ulcer on each side of the heel, evidently connected with the os calcis. One of them has scabbed over, but the other continues to discharge. About three months ago a swelling appeared on the arm just above the wrist joint, which I lanced two weeks ago, giving vent to a large quantity of pus and blood. On the palmer surface of one foot and one toe of the other she has very singular looking ulcers. They are always covered with a hard gray scab which can be pulled off in particles, something like the seeds of a wart, or the scaly excrescence of a horse's leg. It is detached with difficulty, even in pieces, leaving a rough, bleeding excavation.

CASE III. Neuralgia of left side of face, probably from decayed teeth. Complains of numbness, soreness, and occasional sharp pains. Commenced in region of malar bone, but has now extended over that side of face and head.

T. J. MERRYMAN.

DEXTER, Mich., Feb. 28.—There is no particular disease prevailing here at this time, but the most frequently indicated remedy has been *Rhus tox.* We have had some cases of nervous fever, called typhoid by the Allopaths of this place; the characteristics of which have been, great restlessness, especially at night; cheeks alternately red and pale; tongue coated white, through which can be seen the red elevated papillæ. *Rhus 200* has relieved every case in a short time. Have had many cases of pneumonia demanding *Rhus* which was indicated by the following symptoms: great restlessness; tongue coated white; papillæ elevated; expectoration of bright or clotted blood; but the special indication for *Rhus* was a racking, tearing cough, as if the lungs would be *torn from the chest*. Was called to see Mrs. W., who gave me the following symptoms: no fever, but a discharge of blood from the bowels as often as every twenty minutes during the last twenty-four hours. On examination I found the tongue coated white, papillæ red and elevated, urine high colored, in which there was a white sediment, stools bloody with much the appearance of having had the washings of bloody meat poured over them. *Rhus 200* soon relieved her. Some cases of scarlet fever, every case demanding *Rhus*. All cases have been attended by the usual characteristic sore throat, but in place of the red, "smooth rash" as described by the older writers, it has been rough, or vesicular. Some cases are attended by delirium and picking in the air or at the bed clothes, which is all the more characteristic of *Rhus*, and the worst cases soon give way to this remedy when given high.

I. DEVER.

HOMŒOPATHY MORE CURATIVE THAN OTHER SYSTEMS.

BY W. H. HOLCOMBE, M. D., CINCINNATI, OHIO.

It being conceded that diseases are curable, and by laws which are discovered or discoverable, some one perhaps will ask,

“ IS HOMŒOPATHY MORE CURATIVE THAN OTHER SYSTEMS ? ”

Everything founded upon natural laws, must find, sooner or later, a mathematical demonstration or its equivalent. Homœopathy approaches that decisive and victorious point. I do not allude to any of the numerous and cogent arguments which have been already advanced in defence of the system, but to recent statistical discoveries of great importance, which will do more than anything hitherto presented to confirm the truth of the Homœopathic law by establishing the superiority of the Homœopathic practice.

Statistics are of little value, except when drawn from a consideration of very large numbers. The sources of fallacy are so numerous that the experiences of individuals, the affidavits of patients, the reports of hospitals, the results of epidemics, do not make much impression on the cautious and scientific mind. In very large numbers alone is there safety. It is only when we analyze or compare fifty thousand or a hundred thousand cases, that we begin to discover the operation of any fixed natural law.

The great interest of life insurance is founded upon a recognition of this fact. Whatever local and temporary fluctuations may occur, we are quite certain that out of a hundred thousand people, an average number, subject to but slight variations, will remain alive at the expiration of any given year. Nothing of the kind could be predicted of a hundred people, or even of a thousand people. It would be impossible to say whether or not a suicide would occur in a small village during the coming year; but in the city of London we may safely affirm that between two hundred and three hundred suicides will occur in the same period. For many years the annual suicides in that great metropolis have oscillated, from the pressure of temporary causes, between two hundred and thirteen, the lowest, and two hundred and sixty-six, the highest figure.

These vital statistics have been so long and faithfully kept in some countries, and so carefully analyzed, that it cannot only be safely predicted how many people will die in a stated period, but what diseases they will die of; how many will be murdered; how many will commit suicide; and among suicides, how many will choose hanging, drowning, shooting, poisoning, etc. These extraordinary facts, proving the uniform operation of occult laws and forces, could never have been discovered or verified except by the analysis of very great numbers of cases.

Now for the application of these principles to the practice of medicine.

THE MATHEMATICAL DEMONSTRATION.

The mortuary reports for the last three years in five great cities—

New York, Boston, Brooklyn, Newark, and Philadelphia — have been carefully sifted and classified. No burial is permitted in these cities without the certificate of a licensed physician. The aggregate population of these cities is nearly three millions. The number of deaths reported in three years is a little over 80,000. The number of Allopathic physicians whose names are attached to those certificates is 4,071; the number of Homœopathists is 810. The deaths are taken exclusively from private practice, no hospital reports having been admitted, because that would have been obviously unfair to the Allopathic school, which still retains control of almost all the public institutions. Deaths from still-birth, accidents, and violence were also rejected, as having no bearing upon the question of medical treatment.

Have we not here the elements of a fair comparison with great numbers? Three millions of people, three years of practice, 80,000 deaths, 4,071 physicians on one side, and 810 on the other, all duly licensed, and the data given in perfect good faith before either party had the least suspicion of the use which would be made of the facts.

Why should not the averages drawn from such an extensive field, be a fair expression of the relative merit the opposite systems of practice?

Such is the inequality between men that individuals can seldom be fairly compared. There might be some uncertainty of result in comparing ten with ten, or even fifty with fifty; but the contrast between 810 physicians, great and small, of each school, must give us something like a fair average result.

It can not be contended that the average number of cases treated by each Allopath was greater than the average of each Homœopathist. The great and growing popularity of the new school forbids the idea. The contrary is probably the fact.

It is not a comparison of recoveries, about which there might be a great deal of doubt on both sides, for all recoveries are not cures, but a comparison of the worst cases — those ending in death.

The old charge, once partly true, that people employ Homœopathy until they get desperately ill, and then send frantically for the "regular" doctor, is now fairly offset by the corresponding fact that a great many Allopathic patients call frantically for Homœopathy at the eleventh hour. If I were to deduct all such cases from certificates of death I have given in the last twenty-five years, the rate of mortality attributable to me would be sensibly diminished; and my colleagues in the new school have, no doubt, had a similar experience.

It may be conceded that Homœopathy has one advantage over its opponents in the comparison — viz., that its patients belong to the more intelligent classes, who are provided with better accommodations, food, nursing, and those general attentions which contribute so largely to the cure of disease. But even this difference, so obvious in the early history of Homœopathy, is fast disappearing. So striking have been the benefits of Homœopathy, so easy and cheap its administration, so rapid its cures, saving both time and money, that it is being patronized in all the cities by a large and increasing body of the laboring poor. In New York, for example, the Allopaths stands six to one Homœopathist; but

the seven Homœopathic dispensaries prescribe for one-fifth of all the sick poor in the city who apply for dispensary relief.

All the elements of comparison are now perfectly fair, if we concede an equal average degree of education and capacity in the two parties pitted against each other. This we are perfectly willing to concede to our opponents. If, from their special stand-point, they choose to deny this equality, and to consider the majority of Homœopathic physicians as illiterate fellows, incapable of diagnosing a disease or treating it properly, the chances are then clearly in their own favor, and they need fear nothing in a comparison with an equal number of men, professionally speaking, so inferior to themselves!

What is the result? The sum total is this:

4,071 Allopathic physician report 72,802 deaths.

810 Homœopathic physicians report 8,116 deaths.

Upon analyzing 80,918 deaths, the average Allopathic physician loses annually by death more than seventeen of his patients, while the average Homœopathic physician loses but ten. And this wide difference between the success of the two schools is maintained, not only in the general result, but in the special reports from each one of the five cities. So uniform is the result, that there is no doubt we would have similar showings, if we could compare the two systems in other cities and countries, and throughout the whole world. The grand total average would be that Allopathy will always lose seventeen patients where Homœopathy loses ten.

If Homœopathy alone had been practiced in the five cities above mentioned for the time specified, about 32,000 lives would have been saved to the world. The average duration of human life will increase with the spread of Homœopathy, and the gradual absorption of the old school, which it is sure to effect.

Allied to these mortuary reports is a curious statistical fact, drawn from the records of the New York Homœopathic Mutual Life Insurance Company. That company insures the lives of Homœopaths and non-Homœopaths in separate classes, giving the former an advantage of ten per cent in the rate of insurance. It has insured 1,437 professed non-Homœopaths, of whom thirty-seven have died. On the other hand it has insured 4,470 professed Homœopaths, of whom only thirty-two have as yet died. It is too soon to draw momentous inferences from such small numbers, but the disparity thus far presented is startling and extraordinary. If it should continue throughout successive years, and increasing numbers, and grow to the dignity of mathematical demonstration, it will compel the attention and belief of the scientific world.

To Dr. E. M. Kellogg, of New York City—the profession and the public are indebted for these interesting and instructive statistics.

They are unimpeachable; they are open to the inspection and criticism of all.

WHAT DO THEY TEACH?

If Homœopathic medicine is really nothing but sugar and water, is not Allopathy, with its greater average fatality, absolutely destructive to human life?

If, however, these Homœopathists have cured their patients by secretly using Allopathic measures, the fair inference would be, that they practiced Allopathy more scientifically and successfully than the professed adherents of that school. Is that credible?

No! no! Homœopathy does not succeed by the occasional Allopathic prescriptions which its practitioners see fit to employ. It could never beat the old school on its own peculiar ground. It succeeds by its own great intrinsic merits. The true cause of the difference in the mortuary results is not to be found in the points upon which the two schools agree, but in the points wherein they differ. That fact must be clear to the most obtuse comprehension.

In what do they differ? They do not differ materially in surgery, or obstetrics, or chemistry, or in the various empirical measures which Homœopathists occasionally adopt. These are their points of agreement, and would give nothing but similar results. They differ only in the use, by one school, of attenuated medicines, upon the principle, "*similia similibus curantur*." There, and there only, lies the secret of our unquestionably superior success.

[TO BE CONTINUED.]

THOSE PHYSIOLOGICAL ILLUSTRATIONS.

BY AD. LIPPE, M. D., PHILADELPHIA.

Hahnemann tells us in his *Organon*, paragraph 13: "*To presume that disease (non-surgical) is a peculiar and distinct something residing in man, is a conceit which has rendered Allopathy so pernicious.*" When Grauvogl tells us (I p. 198) that scientific researches prove that *Copper* in a finely divided state absorbs large quantities of ozone—the very thing our patients needed for the rejuvenation of their blood—he, in reality, blows the bugle as a signal to don the physiological livery.

How simply ridiculous Hahnemann's statement above quoted appears compared with the high-sounding declaration of his professed follower! And on that grand parade ground comprising the lecture room, where the student is promised scientific instruction, and the journals, which promise practical knowledge, appears clad in a new, scientifically glistening livery, the dispenser of new wisdom. The student looks at him, is dumbfounded, and whispers to his neighbor: "Oh, Lord! what a mass of learning!" and he puts it down in his memorandum book, to be used on his return home, and presuming to be able to cure the sick if the wisdom he purchased at college is only down on paper. Now what does all this presumptive talk mean? Let us unbutton this livery and see whether any of Hahnemann's teachings, any principle, or any sense at all is behind these glistening propositions. Grauvogl, in reality, says: *Copper* rejuvenates the blood, and does this marvelous act by absorbing in a finely divided state large quantities of ozone; the lack of ozone in the blood causes senility, and *Cuprum* absorbs the ozone, and rejuvenates the blood. And all this knowledge comes to us

by "scientific researches." And all this science came to us *after* Hahnemann wrote the above sentence, and of course annihilates that sentence — that paragraph of the *Organon*, and, if you please, the whole unscientific structure built by Hahnemann. In our great simplicity of mind, and blinded by a long study of Hahnemann's writings, we can't see the likelihood of finding in all, if in any, cases of senility that a lack of ozone is just at the bottom of this senility, and that *Cuprum* would serve in such a case as a Homœopathic specific, if it served any curative ends at all. And the dumbfounded student, the deceived graduate, going to try his hand at it, trying to rejuvenate the elderly men at his home, no matter what caused them to grow elderly, excessive work, physical or mental gormandizing, or fast habits, he is sure of the thing. Did not his professor tell him so? Did not his professor quote the opinion of a great writer? And down comes the triturations of *Copper* from his shelves, and the elderly men are all promised "rejuvenation!" and they all become sick, and sicker, the more *Cuprum* they take, and as the dose is enlarged the worse they grow. They are involuntary provers, but the young doctor knows it not; and he learns for the first time that this scientific physiological livery is an excellent garment for dress parade, but when he comes to the battle ground, the curing of diseased conditions, he can't fight in it; he may turn back to his first love and find that Hahnemann did say that disease was not a distinct something residing in man, and that also, though the ozone theory sounded really fine, there was nothing practically useful about it. He may really read the *Organon* and learn — that he has been sadly deceived; he may learn that all the scientific researches do not in the least interfere — rather elucidate, not contradict, any of the infallible principles taught us by Hahnemann.

We begged the men of progress backwards to define their progression by relating some cures under the light of the new physiological discoveries and other revelations outside of Hahnemann's teachings. We asked in the name of the profession for "illustrations" — results (*New England Medical Gazette*, Vol. IX, No. 12, page 557). Prof. Lilienthal favors us with an attempt to "illustrate" the possibility of putting the physiological livery successfully and consistently on Homœopathy, in a paper entitled, "The Homœopathicity of Remedies Illustrated by their Physiological Action," (U. S. MEDICAL INVESTIGATOR, page 85). Here, for the first time, do we learn that remedies administered Homœopathically, i. e., under the law of the similars have a physiological action. In our innocence we always held that the dynamic action was attributed to drugs (remedies) when administered Homœopathically. In our ignorance we were still believing in Hahnemann's teachings.

Let us come to the illustrations: Case I. is termed a senile disease (chronic bronchitis, hæmorrhoids, hallucinations). The learned Dr. Mossa winds up his relation by saying: "Our own school records successful cases treated with *Cuprum aceticum*, as threatening cerebral paralysis" (*Lycopodium* is much oftener indicated, especially in typhus — A. L.), "especially after retrocession of a cutaneous eruption, symptoms of brain-fag after excessive mental work, or night watching.

puerperal mania, or cerebral troubles from suppressed erysipelas facia, apoplexy, nervous symptoms in the last stage of whooping cough"—all manifestations hinting at a blood loaded down with *Carbonic acid*, and relieved by the use of *Cuprum*. The learned doctor wants us to draw the deduction from his reported cure that *Cuprum* cured his patient because his blood was loaded down with *Carbonic acid*! and therefore set it down in our *Materia Medica* that *Caprum* is the specific if the blood is loaded down with *Carbonic acid*. Will not the learned professor who dishes up this case inform the less learned members of the Homœopathic profession by what manifestations they can surely and certainly ascertain the weighty fact that a sick person's blood is loaded down with *Carbonic acid*, and that this excess of *Carbonic acid* is the cause of his sickness? and that *Cuprum* will relieve the blood from the heavy load and restore health? Hahnemann says, "To presume that disease is a peculiar and distinct something residing in man, is a conceit."

Case II. is a Homœopathic case, and no illustration of the proposition. If at all intended as an illustration of the proposition, it fails—only shows that the hallucinations were cured because the medicine—*Cuprum*—was Homeœopathic to the case, and the *Carbonic acid* theory all bosh.

The learned professor next examines the physiological action of *Copper*. Mossa's explanations are nothing but silly talk; there is really no sense in it. Headland is called up to testify on "anti convulsions." Bayes (a very poor authority) gives a symptom derived from clinical experiment. Last, but not least, is called on the witness stand the greatest man, Grauvogl. He says "*Cuprum* absorbs ozone." Are ozone and *Carbonic acid* synonyms? or must we add a new symptom to our *Materia Medica* under *Cuprum*, and say it is also a specific if the sick person carries too little ozone?

The most interesting part of Prof. L.'s paper comes in at the close of it, when he mentions a case related by us in the *New England Medical Gazette*, December, 1874. We thereby learn in what manner our learned friend comes to this physiological departure. We had tried to show the importance of a single symptom we had found in the Vienna provings of *Argentum nitric.*; and also tried to show what, by the clinical experiment, appeared to be a characteristic symptom of *Argentum nitric.*, indicating this remedy in cases which formerly often proved fatal. And now does our learned friend ask, "Is it wrong, when we study the case from another aspect, and consider the decomposition of food as the cause of the green stools, with flatulency, upwards and downwards? We know," he continues, "that in the irritative diarrhœa of dentition, and especially during hot weather, the whole nutritive apparatus, including the ganglionic nerve centres, become affected, sanguification must become impaired, and an imperfect blood deranges the action of the brain and spinal cord; hence the convulsions as well as the stupor." The learned professor is at perfect liberty to study the case from another aspect, and we indulge in the liberty to finish the results of his deep studies, which as a logical sequence, would be this: Therefore, the irritative diarrhœa of dentition, and especially during

hot weather, will find a specific in *Argentum nitricum*! What a blessing that discovery will be to lazy doctors — not to the poor babies!

The whole amount of study of our learned friend seems to be concentrated on a desire to generalize. We, as Homœopaths, still individualize, all the new scientific discoveries to the contrary notwithstanding, and we shall not be induced to adopt the learned professor's views he obtains from a study of our communications, and from another aspect. We shall not accept the result of *his* study of the case from another aspect. We shall continue to "individualize," and from past clinical experience we do know that there are a variety of green stools caused in different children during the hot weather, say, from the decomposition of food, or congestion of the brain. We know how, under the various conditions of green discharges, to cure them Homœopathically with *Aloes*, or *Apis*, or *Argentum nitric.*, or *China*, or *Chamomilla*, or *Elat.*, or *Merc. v.*, or *Podophyllum*; or *Pulsatilla*, or *Sulphur*, etc.

And finally, may we be permitted to declare boldly that the attempt to put Homœopathy into the physiological livery is "a mockery, a delusion, and a snare."

MORE ON TYPHO-MALARIAL FEVER.

I wish to thank Dr. A. McNeil for his response to my request. In addition, I would ask: 1. How often did he repeat the doses of each potency of *Arsenicum*? 2. At what stage (remission, or exacerbation, or both,) did he give the remedy? 3. How long did he persist in its use? 4. Has he had any cases like those recorded by Professor Jones, of Savannah, some years ago, and what was the treatment and its results? And who else, of all our southern and western practitioners, will add his contribution to this all-important subject of southwestern pathology and therapeutics?

The cases of Professor Jones were, in a very large degree, attended with marked congestion of the liver, bowels, brain, and lungs. The same is true of cases seen by myself during the war, and at other times. The symptoms varied accordingly. Daily, at the very moment, perhaps, when the doctor congratulates himself that the symptoms are milder, (in the *deceptive remissions*, usually of early morning,) the patient's feet get cold, the liver gets bigger, and the brain gets more stupid — the exacerbation has begun. Every other day, the intensity of this venous congestion, for such is the post-mortem revelation, is magnified, and on the sixth (third major) day, the patient is dead, unless an efficient stop be earlier put to the disease. The urine is scanty, clear, and hyper-acid, until a break is fairly effected in this congestive fever; the heat is great at first, torpor soon assuming the role of leader of the symptoms, and over shadowing all else.

Post-mortem: — The most intense venous congestion is found everywhere; big, loaded paretic liver; bowels gorged with venous blood; pia mater cerebri, ditto, with lymphoid deposit beneath the arachnoid,

in the course of the larger veins. Heart-valves, clogged by lymphoid clots, whitish or yellowish, and separable—of ante-mortem formation. Lungs, often gorged with venous blood.

Query:—What is the proximate reason for all this venous gorging? Paralysis of the sympatheticus, which fails to control and empower the vaso-motor functions? That is a fair supposition, as I believe.

The use of *Aconite* and *Veratrum viride*—the former in sanguine, the latter in bilious constitutions—given *early*, has done positive good.

In cases where the large bowel takes the brunt, we have the so-called “malignant dysentery,” and the remedies first following the former, will probably be *Merc.* and *Puls.* (Medicinal aggravation are worth watching for, in such).

The *lymphoid deposits*, occurring, despite *Hyoscyamus* given for its characteristic brain symptoms, so commonly present, should open our eyes to the peculiar pathology of this (so fatal) disease. After the mid-week exacerbation, with growing torpor, count on this internal deposit!

What is the remedy now? Just here, we need the counsel of our whole force. I remember a case which had, under Allopathic treatment, passed through this stage without dying—the big liver, jaundice, an inert brain, and general sluggishness mixed with a strong desire for life, being the main features. It was my assistant surgeon, in the Twenty-ninth Missouri Infantry, my friend, Dr. E. C. Franklin, advised *Nux. v.* alternating with *Bry.*, mother tinctures, every half hour. The patient rallied, and afterward got *Cuprum* 6 with effect, for hiccough. Was the *Quinine* previously given, the similitum in the first instance? I have known this drug, with *Pil. Cath. Comp.* given in common intermittent, followed by the algid form of the disease; for so it often comes, like the *Sudor Anglicanus*—with cold sweat, blueness, stupidity, no heat, no sort of reaction or remission, intense venous congestion in divers organs, getting steadily worse and worse, more and more algid, wet, and stupid, with death in thirty-six hours.

This same form may commence more slowly—with gastric soreness, oppression, etc., or instead, with passive, liquid, prostrating diarrhoea, or simply, a burning, say from throat to stomach. The remedy for the last, as also the gastric case named, is *Capsicum*; and then, maybe, *Arsenicum*. The sort having diarrhoea, with blueness and coldness, is met, first by *Camphora*. Yet another requires *Cuprum*, followed perhaps, by *Arsen.* This is indistinguishable in symptoms, from Asiatic cholera; with rice-water vomiting and purging, cramps in limbs, and *deathly* nausea and oppression at the epigastrium. These remedies I have successfully tested in such cases, at Young's Point, La., in the first months of 1863.

Camphora, (drop doses, repeated,) also brings reaction in lung cases, with overwhelming congestion; other remedies following, as in pneumonia typhosa.

“Fainting chills” have been reported cured with *Lachesis* 2—by whom, I forget.

But, for parietic and gorges liver, wandering and stupid brain, gen-

eral venous congestion, *low fever*, with magnified exacerbation at mid-week, with the certainty, almost, of internal lymphoid deposits. who can name the remedy?

Something like such deposits has been recorded of *Phosphorus*, *Ammonia*, *Potassa*, and *Soda*; and the *mineral acids* have been named.

Lastly, what may we think of Schussler's remedies, *Kali mur.* and *Kali phos.*? And their complement, *Kali sulph.*? I am witness to their control over diphtheritic exudation; the first, if not fetid; the second, if it be so — the first having failed, in such case; the third completed the work of the first. (Chemically, they unite several of the first named agents, as will be noted). Further, in rheumatic heart-valves, I think I can say that *Kali mur.* is a most promising remedy. In the exudation-stage of various inflammations, especially rheumatic and hepatic, I have proved its value, as stated by Schussler. Hence, in these three drugs, I am convinced that congestive fevers, *with the above conditions*, may find their match.

J. C. MORGAN.

PHOSPHORUS IN PNEUMONIA.

TRANSLATED BY A. MCNEIL.

DEAR EDITOR: I send this translation because I see the use of *Phos.* commended in the treatment of pneumonia in your last number. I think its insertion will open the eyes of some to the necessity of a closer selection of the remedy.

A. M.

If we here draw *Phosphorus* into discussion where we are speaking of the remedies which are indicated in fibrous inflammation of the lungs, it is not because we believe it is a similitum in this disease, but much more in order to excuse ourselves for employing it, because its choice in a Homœopathic sense is not to be approved.

Phosphorus acts decidedly and surely on the respiratory tract. It possesses, moreover — the well-known experiments of Ostila, Magendie, Bibra, and Geist, place that beyond a doubt — the property in a certain degree, of causing deposits in the parenchyma of the lungs. But, notwithstanding it does not meet the demands which a Homœopathic remedy must satisfy in fibrous inflammation of the lungs. It depends not alone on the seat, but on the manner of its action. In this respect the argument of the characteristic features of the medical and morbid picture fails. The similarity depends merely on the seat, but not on the nature of the two diseases. There is a similarity in the individual symptoms or groups of symptoms, but not in the peculiar symptoms present. There is only an apparent, but not a real similarity. The proof of the correctness of this assertion is at hand. The *Phosphorus* pneumonia is not a plastic inflammation, but one leading to the breaking down and destruction of the substance of the lungs. (Bisbee found the lungs of animals poisoned with *Phosphorus* partly hepatized, partly infiltrated with tubercles). Any other formations cannot occur on account of the crasis which is caused by this drug, for *Phosphorus*

causes, as Sieback (Hygen, Vol. XX, Sec. 29,) and Arnold (Hygen, New Series, parts 1 and 2,) have proven, the blood to be dark, fluid, and miscolored; it diminishes and it destroys the coagulability of the blood; its action in a high degree dissolves the blood corpuscles; it lessens their size and consistency; they become smaller, more ductile, alter their shape, and take the most different forms. Every trace of the covering membrane disappears. The cortical substance, owing to the exit of the coloring matter, has become transparent, etc. In a word, *Phosphorus* causes an alteration of the blood exactly opposite to that of hyperinosis, and it is therefore impossible that in fibrinous inflammation of the lungs it can be the Homœopathic remedy. Therefore, it is very often the similimum in pneumonia with a tubercle, typhoid, or any of the related blood crases, moreover, by those pneumonias in depressed or old persons which are so apt to become tubercular, by hypostatic, and those pneumonias seeming without subjective symptoms. But for fibrinous inflammation of the lungs the choice of *Phosphorus* is extremely excusable, when they cannot always be immediately differentiated from those which through some other blood crisis are called into existence.

While we deny all efficacy of *Phos.* in fibrous pneumonias, other Homœopaths give it not only for this, but for all other kinds of pneumonia, as a polychrest remedy; some of the colleges preceive in it the universal specific for this disease.

How *Phosphorus* once by typhoid, and at another time by croupous inflammation of the lungs, may be indicated, the plasticity of the blood increases in the former and decreases in the latter—in short, how the same remedy, in essentially different diseases can really be Homœopathic, we cannot comprehend.

We must leave this to be explained by our colleagues who specially or exclusively recommend the use of *Phosphorus* in this disease.

NEW ALBANY, Indiana.

PHYSIOLOGY AND PATHOLOGY VS. THERAPEUTICS.

CASE I, which begins on page 85, and ends on page 87, of the U. S. MEDICAL INVESTIGATOR, Vol. I, No. 2, attracts my attention. I do not see that physiology can be made a guide to select a drug remedy. A physiological condition of the human system is a state of health. A pathological condition is a state of disease. These form a basis and help me to understand a disputed question in the school of Homœopathy. A person in a physiological or state of health, takes a drug, which disturbs that condition, and changes it into a pathological condition, or a state of disease. There are agents other than drugs, which change the physiological condition of a person into a pathological or diseased condition. These conditions are known individually, only by the symptoms. Thus we have a true pathology, free of probabilities, speculations, and comparisons, with dead bodies or living ones, it is strictly an

individuality for practical purposes. To make this plainer, if possible, I repeat, a pathological or sick condition, is a disturbance of the physiological or health condition. A drug causes a change in a physiological to a pathological condition; and it puzzles me to know, how I am to use physiology to select a drug to change a pathological to a physiological condition within the therapeutic law of similarity. To place my practice within this law, I must of necessity select the remedy in accordance with the pathology of the drug and the pathology of the individual disease proper. How the physiological condition is restored, or the *modus operandi* of these similar conditions by different causes, we do not know; we know only the result. The school of Homeopathy uses the word pathology, or should do so, in its true practical meaning.

"The Homœopathicity of remedies" cannot be "illustrated by their physiological action" for the remedy is sought in its pathological produced condition, which is sickness. A drug does not produce "physiological action" but disturbs and hinders it. Physiology as far as known shows the natural healthy functions of the organs of human body. Therefore how can it "illustrate" the action of drugs?

In the case in the INVESTIGATOR as above, the disease is described by the symptoms; and the drug selected by its symptoms, etc.

After the result is known; then we have an attempt at explanation by opinion of several physicians based on theories; among these "retarded change of tissue probably caused by an atheromatous process of the blood vessels disturbing the circulation." whatever this may mean, was it a known fact? No. The word "probably" shows it was not. Physiology "illustrates" the selection and use of food, but not drugs as remedies in diseases, "who is this that darkenth counsel by words without knowledge?" It seems that learned men of the medical profession are not aware that scientifically speaking they cannot explain any thing. They can observe and record developed facts; and also facts acting on facts which create other facts. It is not given them to know the *how*.

KIRBY.

NEW YORK, FEBRUARY, 24.

CASE OF MORBUS COXARIUS.

I have often had occasion to admire the advice given by Professor Bacmeister to the students of Hahnemann Medical College, in the winter of 1868-9, relative to reporting cases. His suggestion was as follows: "Write out a statement of the case at the time of treatment; lay your manuscript away for six months, and if at the expiration of that time it should be, on a careful perusal, thought worthy of publication, send it along." The following case, which occurred in my practice about three years ago, seemed so striking that I made a note of it, and now forward a copy to be consigned to the waste basket, or published in the U. S. MEDICAL INVESTIGATOR, as you may deem most expedient.

Anne B., aged thirteen. Sanguo-nervous temperament. Had caught

cold in January, 1872, from exposure on the ice after skating. In a few days was attacked with severe pain in the joints, frequently changing its location, accompanied with other symptoms of acute inflammatory rheumatism. In three or four days the pain left the upper extremities and settled in the thigh, extending to the knee and ankle. There was at that time intense pain when standing; from pressure on the trochanter, or from a blow on the heel with leg extended. Febrile condition.

An Allopathic physician who was then in attendance pronounced it a case of coxalgia, he gave *Iodine* tincture in half teaspoonful doses, applying the same medicine locally. A seaton had been inserted which remained when I first saw the case. May 25th I was requested to see the patient and make an examination. Found shortening of the limb to the extent of half an inch; tenderness deep in the joint, on pressure on the trochanter; pain when striking the sole of the foot with leg extended; toes everted. Ordered nourishing diet and gentle exercise in the open air on crutches as she was unable to walk without them; allowed sore from seaton to heal, applying *Calendula*. Pulse at this time, 100. Gave *Cal. phos.* 30 a powder night and morning.

June 1st. Called again. Patient walked into the room without crutches, limping slightly. A little pain in the joint still, pulse 100, appetite good. Continued *Cal. phos.* night and morning. The day following she walked to church.

June 8th. Found her still better and able to walk freely, without pain, pulse 80, appetite good, and gaining strength and muscle rapidly. Cautioned her against the too free use of the limb and continued the same remedy, a powder daily.

In a few weeks, with no further treatment, she left for home apparently well, and so far as I can learn no relapse has occurred. No one could have been more surprised than myself at the rapid recovery made. The question has often arisen in my mind: Was this a genuine case of coxalgia, or did the symptoms arise from the heroic treatment to which the patient had been subjected? I incline to the former, though my convictions do not amount to certainty.

BRANTFORD, Ontario.

WM. NICHOL.

HIGH, LOW, JACK, AND THE GAME-O'PATHY.

Who is to decide, and how is it ever to be decided, when doctors disagree? The Jack regulars call all Homœopaths quacks; the High call the Low dilutionists mongrels. Is it any wonder, then, that the Jacks have all the government and state pickings, while the Homœopaths are left out in the cold to fight among themselves. And yet there is as great a difference between the High and Low potency men as there is between the Low-paths and the Allopathics. The High are Symptomatomologists; the Low are Pathologists. The High give a dose every one or two weeks, and placebo the case through; the Low give a dose

every half hour or hour, and if characteristic of the disease, cure their patient quickly.

One of the soundest articles I ever read was "Pathology vs. Symptomatology," by T. S. Verdi, of Washington, D. C., in the *Western Observer* for June, 1889. In diagnosing a case, we must first find out the cause. Knowing it, then, let us treat the peculiar symptoms depending on that cause, and we cure.

Dr. Lippe, in No. 2 of the U. S. MEDICAL INVESTIGATOR, in "Useless Diagnosis Illustrated," instead of proving useless diagnosis, in my opinion, shows up the soundness of the most thorough diagnosing. He had diagnosed, or known through the cause, in each case; but each case had its predominant symptom, which called for a separate and individual remedy. But Dr. Lippe does not give us the potencies he cured these cases with, but in the physiological action of *Argentum* he mentions a cure performed with the 100,000th. Another writer mentions the removal of a speck from the cornea by *Calc. carb.* 13,000. Another gave, for straining of the eyes, *Ruta grav.* 82,000. Would a higher, or lower, potency have injured the cases? If so, it shows the extreme danger of not knowing the exact potency to give in each case, and the time of repeating, or you may injure your patient beyond remedy. What kind of a pocket case for two hundred remedies, with attenuations up to 100,000, would a Highpathy country doctor require? It would be like an Italian's crank organ; the old Allopathic saddle-bags would be a fool to it.

R. W. NELSON.

LANSING, Mich., Feb. 11, 1875.

[Oh, no, my friend, unless he insisted on big bottles. A case of two hundred remedies of any potency could be carried in the breast pocket. The vials would be about half an inch long and one-eighth of an inch in diameter, and then hold twenty doses of No. 0 pills, medicated with the tincture or the 100,000 potency.]

CHOLERA AND PLAGUE IN THE ORIENT.

The London *Times* of December 19th says: "Hardly is there assurance that cholera after nine years' uninterrupted prevalence, has ceased on the continent of Europe, when a fresh alarm comes from the East. Cholera is reported to be ravaging the Dutch possessions in the Indian Archipelago. From these possessions every year a considerable number of pilgrims travel to Mecca. The Ottoman Government, believing that the beginning of the outbreak of cholera in Mecca in 1855, and subsequent great westward diffusion of the disease was a consequence of its introduction into the Hedjaz by pilgrims from the straits settlements, and fearing a similar danger in the approaching pilgrimage, has become seriously alarmed for the safety of the sacred city and of the pilgrims who will shortly congregate there. It has accordingly commissioned the Vice President of the General Board of Health for the

Empire, Dr. Arif Bey, to proceed from Constantinople to Mecca, and make all necessary precautionary arrangements. The coming pilgrimage is exposed also to danger from plague, as well as from cholera. Plague, a few months ago after fifty years' absence, it is believed reappeared in the Assyr district, at Yemen, a locality eight days' journey from Mecca. The Ottoman Sanitary authorities in the Hedjaz appear to have satisfied themselves as to the nature of the disease; but in view of the approaching pilgrimage Dr. Charles Millingen, of Constantinople, has been sent by the General Board of Health of the Empire to the infected locality to make further inquiries. The out-break is stated to have been very circumscribed, and according to the latest news it has come to an end.

CASE OF EPILEPSY.

ADVICE WANTED.—WHAT SHALL I GIVE ?

Charlie B., Englishman, aged twenty-one years, nervous. Had an attack of Epilepsy (?) in the fall and none again till the next summer; then had them once a month, and during the last twelve months daily, as often as three or four times a day. Does not know when they are coming on (no aura) except becoming unconscious, and will last from five to ten minutes; if very slight he is not unconscious. It throws him down but not around; violent jerking of arms and legs, which become stiff; fingers cramped; head drawn toward the left shoulder; sometimes foam in the corners of his mouth; face blue; palpitation of the heart; (the least turn up causes palpitation), heart stops beating; skin cold and clammy; pustulous eruption on face, breast, and back, filled with a somewhat matter-like, colorless fluid, forming a hard scab and leaving a white mark; after a paroxysm, headache and pain in the abdomen, except when, by force, he is doubled up; come on any time either day or night.

As this is no uncommon case, but having been under a treatment of such medicine as seemed to be indicated, such as *Sulph.*, *Calc. carb.*, *Cupr.*, *Bell.*, etc., without benefit, I would kindly ask: What is the remedy? I then will give it and report results. F. HULLHUNT.

HEADLAND, Nebraska.

TEST FOR DIABETIC URINE.

EDITOR UNITED STATE MEDICAL INVESTIGATOR: Will Dr. Dornberg, (who reports a case of diabetis mel. on page 169,) state fully what test, or tests he applied to detect the presence of grape sugar in the urine, of his patient? The Dr. says the urine was "changed to a black-brown color upon testing it with *Kali Caustic*." Would the Doctor have us understand that *Kali Caustic* was the only test applied? and that in itself was sufficient evidence of the presence of grape sugar?

DEWITT, Iowa, March 3.

M. R. WAGGONER.

VARIOUS PRACTICAL HINTS.

RETRACTED NIPPLES, ASCARIDES, RATANHIA EYES AND THROAT.

Dr. L. J. Bumstead, (page 120,) mentions a case of introverted nipples, and asks what to do. Often, they may be molded by wearing a horn thimble. Do not permit the dress to press them. Lastly, get a Maw & Son's (English,) breast-tube; it being a rubber tube, with a glass hat for the nipple at one end, and a mouth piece at the other; put it on, let the baby get hold, and let us know the result. It proved a perfect success in a patient of mine whose breasts were enormous, and full of milk, endangering "broken breasts."

Ascarides are usually speedily disposed of by *Cina*, potentized — with an injection every night, at bedtime, of teaspoonful of *Olive oil*.

Ratanhia 200, four doses, relieved a twitching in left upper eyelid for which I gave it; but developed an inflammation of the edges, (lasting three days,) with feeling in outer canthus as if an eyelash were turned in. At the same time, relieved other symptoms, viz: a sore throat of a peculiar kind, feeling as if there were a dislocation of the laryngeal cartilages, and a space left in front; seemed as if there must be a hole to admit the finger; with much aching, and feeling as if she must flex the neck, (this relieved, temporarily,); dryness within; no thirst; worse from 4 P. M. to bedtime; better after going to bed; swallowing ameliorated; better at meals; constipated. (Lady, subject to spinal irritation). All these symptoms departed at once.

(I have found a similar weary aching behind the eyeballs, also ameliorated after *Ratanhia*. It also cures profuse diarrhoea, worse P. M.)

J. C. MORGAN.

CASE OF PURPURA HÆMORRHAGICA.

I was much interested in the article on Purpura Hæmorrhagica in No. 1, of the New Series. Within the last year I have treated two cases, both of which were cured with *Carbo veg.* 6.

The first was a child thirteen months old, just recovering from a severe attack of lichen agrins of the face and head, cured with *Nux juglans*, using *Carbolic* soap for cleanliness. The purpuric effusion first appeared upon the arms, the spots looking as if the arm had been pinched, but subsequently the body and lower extremities became involved, and the inside of each thigh for two-thirds their surface was occupied by the exudation. It was accompanied with some fever and very great soreness. Under the use of *Carbo veg.* 6 it promptly disappeared, and the child continues well with no return of the eruption.

The second case was a negro woman about forty years old, who for delayed menstruation, or *something else*, took some domestic remedy, which brought on an excessive flow and with it a large number of purpuric spots. *Carbo veg.* 6 promptly relieved the whole trouble.

In the case of lichen mentioned above, the following were the train of symptoms: "Pustules, as in eczema, with burning, itching, red, cracked skin, discharging a greenish fluid stiffening the linen." (Lippe Mat. Med., *Nux jug.*, skin,) led to the use of *Nux j.*, which delighted the child's mother by its happy action.

E. P. ANGELL.

GALVESTON, TEXAS.

Surgical Department.

SURGERY IN NEW YORK.

DEAR INVESTIGATOR: Perhaps most of the Homœopathic fraternity are not aware that we have here a

HOMŒOPATHIC SURGICAL HOSPITAL,

which is in full operation, and which, although of not large accommodations, has already done a great deal for Homœopathy.

Many of your readers will doubtless remember a great fair, held here in 1872, for the establishment of the institution of which I speak, and which was a grand success, realizing nearly forty thousand dollars.

After the usual amount of time consumed in looking for a location, purchasing furniture, procuring nurses, indulging in unnecessary discussion, etc., etc., a handsome house, standing upon terraced ground, with two fronts, (one on Fifty-fourth and one on Fifty-fifth street,) was procured, and the inaugural exercises took place on Thursday evening, June 4th. The following, which I have taken from one of the New York papers, will give the history in a nut-shell.

THE NEW HOMŒOPATHIC SURGICAL HOSPITAL

at Fifty-fourth street and Broadway, was formally opened last night under the auspices of the Ladies' Aid Society. The building is a handsome three-story brick, surrounded by spacious and elegantly laid out grounds. It was built by Mr. Amos R. Eno, and occupied by him as a dwelling house; both in its healthy situation and internal accommodations it is admirably adapted for a hospital. About three years ago the committee appointed to select a building for a Homœopathic Surgical Institute, purchased a house facing Gramercy Park, but the residents of the neighborhood obtained an injunction against them, and rather than undergo the expense of a lawsuit, they sold the property. They have not yet been able to obtain a suitable site for such a building as is required, and desiring that New York should no longer be without a hospital conducted on Homœopathic principles, they leased the present property from Mr. Eno for three years.

Last night the building was brilliantly lighted and decorated with flowers. The lower rooms were thronged with visitors. Many of the most distinguished Homœopathic physicians in New York were present and expressed themselves highly gratified with the arrangements made for the treatment of patients. The wards were inspected, and a banquet was served in one of the lower rooms, after which addresses were delivered and a very enjoyable evening was passed."

Our first patient came into the house on the 18th of June, and since then we have always had a sufficient number on hand to encourage us in our great work. The patients we have had, are from the various states of New York, New Jersey, Illinois, Connecticut, Massachusetts, Vermont, and Maine, and among our operations are some which possess a high degree of interest to the surgeon and profession.

If you will allow me, I will give you a list of them, as reported to the New York County Homœopathic Medical Society, by our energetic and able superintendent, Dr. J. W. Dowling.

The number of capital operations performed in the six month were seven; number of tumor operations, including out-patients, sixteen. Dr. J. H. Hampson, operating four times; the resident surgeon, Dr. Crauch, operating twice, and the balance being performed by your humble servant.

The following is the record:

- | | |
|---|---|
| 1. Fibrous tumor of uterus, - | { 1, removed successfully by operation. |
| 2. Dislocation of hip, - - | { 1, reduced after having been out of place nine months. |
| 3. Difficult labor, - - - | 1, successfully delivered. |
| 4. Chronic ulcer of leg, - - | 1, cured. |
| 5. Phimosis acquired, - - | 1, relieved by operation. |
| 6. Rupture of perineum, - | { 1, cured by operation after two failures elsewhere. |
| 7. Retention of urine with stricture, - - - | { 1, cured. (Aspiration.) |
| 8. Incontinence of urine with stricture, - - - | { 1, relieved, went home before a cure was completed. |
| 9 and 10. Varicocele, - - - | 2, cured by operation. |
| 11. Sciatica, - - - - | 1; cured. |
| 12. Pelvic abscess, - - - | 1, left hospital. |
| 13. Vaginal rectal fistula, - | { 1, relieved, went home before cure was effected. |
| 14. Carcinoma mammæ, - - | 1, sent home without operation. |
| 15. Pneumonitis with empyema, | 1, went home. |
| 16. Spinal irritation, - - - | { 1, chronic case, went home uncured. |
| 17. Strangulated hernia, - - | { 1, died on third day after operation. Strangulated five days before admission. |
| 18. Aneurism of right carotid and subclavian, - - - | { 1, died on eighth day after operation. Subclavian ligated outside scalenus. Died of rupture of the sac. |
| 19. Hip disease, - - - - | { 1, died of exhaustion two weeks after supervention of general anasarca. |
| 20. Ovarian tumor. A colloid cyst multilocular. Weight thirty-six pounds, - - - | { 1, removed by operation Jan. 11. Died on morning of third day of exhaustion. |

The cases now in the hospital are :

- | | | |
|--|---|---|
| 21. Amputation at shoulder joint performed February 18th, | } | 1, for traumatic gangrene, from a railroad accident. In a critical condition. |
| 22. Elephantiasis of labia magna, February 16th, | | 1, improving. |
| 23. Aneurism of arch of aorta and left subclavian, - - - | } | 1, in hospital twelve weeks, steadily improving under medical treatment. |
| 24. Amputation of left hand above wrist, with phthisis pulmonalis, - - - | | 1, hand amputated three weeks ago. |
| 25. Cystic tumor of breast, - - - | } | 1, removed by operation two weeks ago. Doing well. |
| 26 and 27. Stricture of urethra, | | 2, under treatment. |
| 28. Cleft palate, - - - - | } | 1, partly united by operation; doing well; to be again operated on to complete closing of palate. |
| 29. Enteritis, - - - - | | 1, improving. |
| 30. Fracture of clavicle in outer third by direct violence, | } | 1, doing well. |

The number of out patients is as follows :

- | | | |
|---|--------------------------|--------------------------------|
| 1. Cleft palate, - - - - | Cured in two operations. | |
| 1. Dislocated wrist, - - - - | Reduced. | |
| 1. Hypertrophy of the nasal septum, - - - - | } | Cured by operation. |
| 1. Induration of breast, - - - - | | Referred to private treatment. |
| 1. Hare lip, - - - - | Cured by operation. | |
| 1. Large nævus of chin, - - - - | Removed by operation. | |
| 1. Concussion of brain, - - - - | Cured. | |

A perusal of these cases will show, that although the operations performed have not been very numerous, that they embrace some of the most interesting and important in surgery. Of these, I am glad to say, I have the record, and shall give at some future time *complete* details.

HOSPITAL CONSOLIDATION.

There is now on foot a grand enterprise, and one which, if it is not waned by any under-current or secret wire-pulling, will result in great good to the public and redound to the credit of Homœopathy.

As you know, the Surgical Hospital is in existence and has about \$35,000 in its treasury. The Hahnemann Hospital has twelve lots of ground, in one of the most eligible locations in New York, and has about \$20,000 in cash.

There has lately been organized a Homœopathic Hospital for Women and Children, on which a good deal of work has been done.

The aim now is, to establish *one grand hospital*, by uniting these three institutions. The trustees *have* consolidated. A new board of governors has been selected pro rata from each of the respective boards. The charter is at Albany, and as I said before, everything is "lovely" overhead, and the bill will pass if there is not anybody cutting under in a private way, which I trust is not the case. *All* the doctors and sur-

geons have resigned from *all* the boards, and it is to be hoped, that such being the case, the laymen will work harmonious.

STILL ANOTHER.

The Homœopathists of the city of New York pay just about half the taxes of Gotham. The Astors, A. T. Stewart, Vanderbilt, and other of the largest property holders are acknowledged Homœopathists, and very recently a petition was sent to the "Board of Charities and Correction," (the power that controls in these matters,) signed by a large number of our wealthy and influential citizens, requesting that one of the hospitals of the city be placed under our management. This petition was granted. The new Small-pox Hospital, a handsome, commodious, and modern edifice has been given us. It is to be thoroughly renovated, and during the summer will be ready for occupation.

There is, however, a proviso in the bill, which some think will be an obstacle, and that is, the fact that the grant has to be sanctioned by the board of health. Whether the latter body do, or do not, give their approval, the allowance of the claims of our school, by a body of such influence and power as the Board of Charities and Correction, is a point that will not, nor must not be, allowed to be lost.

You see then, what an immense amount of work is before the physicians of Gotham, and I am glad to say that they are not only fully capable but very willing.

COLLEGE.

Our college is a great success. I think we number about one hundred and forty students. Our examinations are without doubt as rigid as any other school in this or any other country, and were it not rather a breach of trust, I would tell you how many were rejected of those applying for graduation. There is no sham in these examinations. There is no humbug, and though I say it myself, the earnest and patient manner in which they are conducted is a marvel.

The commencement takes place on the evening of March 4th; that of the Hahnemann Institute the 3d. Our graduates will number about forty.

With regards, I am very truly yours,

NEW YORK, March 1, 1875.

WM. TOD HELMUTH.

SURGICAL NOTES.

BY A. G BEEBE, M. D., CHICAGO.

ESMARCH'S METHOD.

Prof. Sands, in the *New York Medical Journal*, gives an interesting paper reporting the result of one hundred and forty-three operations by this method, by New York surgeons, and, after a careful analysis of the results, concludes that when the bandage and ligature are properly applied, neither too tightly nor too loosely, there is no reason to anticipate any injurious effects from its use. The healing process is not retarded, sloughing is not produced, nor is paralysis to be expected.

provided the case is a proper one for its use, and skill is employed in applying the bandages. The paper closes with the remark: "Enough has been said to prove that Esmarch's bloodless method is one of the most valuable surgical expedients that have been devised in modern times. It only remains now to determine the best mode, and the proper range, of its application.

The paper is of great interest to surgeons as showing the practical experience of some of our best American surgeons with this new device.

DEATHS FROM THROMBOSIS.

In the same journal we learn that two deaths from thrombosis of the superior longitudinal sinus of the brain have occurred in Bellevue Hospital, as the result of rhinoplastic operations.

AMERICAN SURGEONS.

We make the following extracts from the address by Prof. Erichsen, at the University College Hospital, London, on his return from this country:

"Surgery in the United States certainly stands at a very high point of excellence. The hospital surgeons throughout the country have struck me as being alike practical, progressive, and learned in a very high degree. In practical skill and aptitude for mechanical appliances of all kinds, they are certainly excelled by no class of practitioners in any country. They are thoroughly up to modern surgery in its most progressive forms, and I have never met with any class of men who are so well read, and so perfectly acquainted with all that is done in their profession outside their own country. It would be a great injustice to American surgeons for it to be supposed that surgical skill is confined to the large cities, or to the few. On the contrary, I know no country in which, so far as it is possible to judge from contemporary medical literature, there is so widely-diffused a high standard of operative skill as in the country districts and more remote provinces of the United States. * * * I can only say that the surgical profession in America contains a phalanx of men, alike distinguished for their skill and their knowledge, at least equaling what any European country can produce."— *N. Y. Med. Journal.*

HOMŒOPATHIC SURGERY.

While items of surgical information have a common interest to all surgeons, those which come to us as representative of "Homœopathic surgery" have a *special* interest to all members of our school, for each one of us feels, or should feel, himself responsible to a certain extent for the reputation of Homœopathy; and whatever pertains to the fair fame of our system cannot be considered as foreign to the interests of each one of us. This must be the excuse, if any is needed, for criticising the following extracts from an article in the December number of *THE INVESTIGATOR*:

"XII, XIII, XIV, TALIPES (1) VARUS, (2) EQUINUS. — In each case, the varus cases as well as the others, the tendo-Achilles was divided, either in whole or in part, on the following supposition: The fibres of the tendons being, so to speak, independent of each other, i. e., separated by the membrane investing the muscular fibres, and muscular contractions being for the most part dependent upon an agglutination of the muscular cells and fibres, as well as the corresponding structures in tendons, it has seemed as if talipes varus was due to a

one-sided contraction of the muscles of the leg; or, perhaps, an agglutination simply of the tendinous fibres of one side only. This has seemed to be proved by the fact that in all cases of talipes varus which I have had the privilege of seeing, the heel was likewise drawn up, and it seemed to matter little what tendons were cut—even *all* of the tendons on that side, as the deformity was never rectified until the tendo-Achilles was divided entirely or partially.

My plan in each of these cases was to insert the tenotome under the heel-cord and divide the fibres by forcibly extending the foot, thus pushing the tendon against the knife, rather than *vice versa*. As soon as motion was perfect, and the foot retained a correct position, the knife was withdrawn whether but *one* fibre, or the whole tendon, was divided. Each of these cures was successful."

In this paragraph the writer succeeds in accomplishing what he proposes in his initial paragraph, i. e., "to refer to some points of pathology that are, perhaps, not well established; or, it may be, not generally known." Moreover, he refers to certain points in anatomy which, it is safe to say, are "not well established," and it is to be feared never will be. He also refers to some points in pathology and surgery so well known and generally recognized that we are surprised to be introduced to them as new acquaintances. We are told in the first sentence that the operation of some considerable importance—tenotomy of the tendo-Achillis—was performed in each case upon a foundation, not of anatomical or pathological knowledge or fact, but upon a "supposition:" and that not only not supported by actual investigation or authority, but in direct opposition to all observation and authority, and only "seemed to be proved" by certain hypotheses. The "supposition" is, first, that the fibres of tendons are, "so to speak, independent of each other, i. e., separated by the membrane investing the muscular fibres" (sarcolemma?); second, that muscular contractions are "for the most part dependent upon an agglutination of the muscular cells and fibres as well as the corresponding structures in tendons." [Allow us here to inquire if we find muscular cells in voluntary muscles, and what structures in tendons correspond to muscular cells and fibres?] The conclusion is reached that "it has seemed as if talipes varus was due to a *one-sided contraction* of the muscles of the legs, or, perhaps, an agglutination, simply, of the tendinous fibres of one side only." In other words, his syllogism might be stated as follows:

1. The fibres of tendons are independent of each other.
2. Contraction is the result of agglutination of fibres.

Ergo; Varus is the result of one-sided contraction of the muscles of the leg.

Now let us see. In the major premise we have to deal with a question of actual fact, not of theory. Are the fibres of tendons independent of each other? or are they capable of independent motion? Anatomists, physiologists, surgeons, and all others who have ever examined the structure of tendons, agree in answering. *No*. Does the sarcolemma separate or invest the fibres of tendons? The same authorities unanimously answer, *No*. And yet our writer *supposes*, in spite of all this, and without, apparently, making any effort at demonstration, that the reverse is the fact.

But supposing this were the fact, and that each tendon was composed of independent fibres, and that the individual muscular fasciculi were capable of moving them by corresponding independent contractions; what different result could be produced by the contraction of a portion of a muscle, from that produced by contraction of the entire muscle, except in degree? Supposing, for instance, we had "one-sided contraction" of the muscles of the calf; it is not easy to understand how the result would differ from that produced by contraction of the whole of the muscles, except in power, since the only action of these muscles is to draw up the tuberosity of the os calcis, and it is not possible (according to recognized anatomical principles, at least,) to draw up one lateral half of this bone and leave the other in its former position.

The same will apply to other muscles and tendons, but *a fortiori*.

Again, we are told that muscular contractions are "dependent upon agglutination of the muscular cells or fibres," or of the tendinous fibres only. There is great reason to fear that many quite intelligent men will not be able to see clearly how an agglutination of either muscular or tendinous fibres should produce contraction, even were any such agglutination found to exist as a pathological fact; of which, however, there is not the slightest evidence, notwithstanding that, in the following sentence, we are told that "this has seemed to be proved by the fact" that in all cases of varus he has seen that the heel was drawn up. Inasmuch as all standard authorities have observed the same elevation of the heel, and, in fact, agree in considering it an essential part of varus, it is not necessary to attempt any denial of the doctor's accuracy in this respect. But we fail to see how this contraction is the result of agglutination, or anything else except the necessity for the extension of the heel; which every medical student ought to know already.

The method for the division of the tendo-Achillis is certainly novel, for while all other surgeons flex the foot, thus rendering the tendon tense, and drawing it down upon the edge of the knife. Our writer extends the foot forcibly, thus relaxing the tendon, and, as he says, "pushing the tendon against the knife." One would suppose it would require a pretty stiff tendon to allow of sufficient pushing to accomplish the end in view. We think no one will dispute the doctor's title to the sole credit of this method.

The climax is reached when we learn that the knife was withdrawn as soon as the foot retained a correct position, "whether but one fibre or the whole tendon was divided." We wait with anxiety to learn whether the whole tendon *was* actually divided to secure the result; and if not, how much extension can be secured by division of but one fibre, or, indeed, any number of them short of the whole number. In this state there is a law (of nature) preventing extension of a tendon except after complete division.

On the following page (660) the writer describes Gerdy's operation for hernia, with the remark that it is "an operation which in some of the main features seems new; at least I have never seen it referred to." On page 574, Vol. II, Gross' Surgery, it is referred to (after being

described) in these words: "The operation of Gerdy has fallen into merited neglect."

Much more might be said, but we forbear. What has been said was actuated by no personal feeling, as we have no personal acquaintance with the writer, and certainly (allow us to assure the doctor) no personal ill-feeling toward him. But it has seemed necessary for the honor of Homœopathy that some protest should be made against such loose and unscientific literature being put before the world as representative of "Homœopathic surgery," and against the inference likely to be drawn, that because no objection is made to such statements the profession accept them as correct. This kind of writings can have no other result than to mislead great numbers of the profession (especially students) who are not prepared to recognize its absurdities, as well as to "give our friends of the other school food for meditation" and laughter.

It should be understood that the honor of our school depends largely upon our publications, and every member of the profession should be held responsible for every article he puts in print. We cannot have too much published if it is creditable — if it adds anything to our sum of knowledge, and if it will bear the test of criticism.

FISTULA IN ANO.

BY H. T. OSTROM, M. D., NEW YORK.

This disease consists of a canal lined with pyogenic membrane, situated in the ischio-rectal or perineal region, leading toward the rectum. It may have an external or internal opening, or both, and is caused by any thing that produces local inflammation. So, by far, this greater proportion of cases of this abnormal condition, is the result of a neglected ischio-rectal abscess. For if the abscess is not fully opened, the pus will burrow in the loose areolar tissue surrounding this lower portion of the bowels, and thus is formed a fistulous tract, from which sinuses may lead in many directions. This is prevented from healing: *first*, by the irritation resulting from this contact of fœcal matter; *second*, by the contractions of the sphincter ano muscle, which do not allow the sides of the canal to remain in apposition.

The indication for treatment is apparent; this muscle must be paralyzed, and the surest method of accomplishing this is to divide the offending portions. By this means, the main obstacles in the path of recovery are overcome, the fœcal matter is prevented from passing into the fistula, and the activity of the muscle is reduced.

I believe cases of fistula in ano have been cured without the use of the knife, but this treatment is very tedious and really entails more suffering on the patient than would attend an operation. Indeed a review of the rationale of this operation almost precludes, from my mind, the possibility of a cure being effected with medicine alone. Its progress may be arrested for a time, but the trouble is purely me-

chanical and requires to be controlled with mechanical means. Not infrequently, after the patient is reduced by prolonged suffering, and brought to regard our method of treatment with anything but respect and confidence, because they promise more than they can accomplish, the surgeon is called and in a very short time, comparatively speaking, the patient is radically cured.

We often hear, that a cure effected with medicine, is more scientific than a cure made with the knife, but the arguments adduced in support of this position are not of a nature to convince me of the justice of the remark. The first duty is to cure, the second, to do so with speed, but not at the expense of thoroughness, and I regard it much more scientific and commendable practice to cure ano fistula by operation in two weeks, than to give medicine for months, even years, and then be obliged to call in surgical aid. As an illustration of the advisability of operating for fistula in ano, I have selected from a number the following cases, in all of which, however, the results attending my treatment have left nothing to be desired.

CASE I. Peter M., aged fifty-six, shoemaker. For twenty-seven years had suffered with hæmorrhoids and fistula of ano. The latter appeared subsequently to the former, and was probably caused by it. On examination, discovered internal hæmorrhoids and a blind external fistula, with its orifice in the raphe two and a half inches from the anus. With my finger in the rectum I could feel the fistula through its walls, but I found no internal opening. On the 12th of March, 1874, I performed the usual operation for laying open a fistulous tract, with a slight modification suggested to me by the case. After forcing the director through the walls of the rectum, instead of bringing the point out of the anus, I passed my left index finger in the bowels until it came in contact with the bistourie, and then with a brisk sawing motion cut through the sphincter muscle. My reason for deviating from the general usage, was, mainly, the depth of the internal opening.

When this is very far up the bowel, and it is decided to operate, notwithstanding the alarming hæmorrhage which often supervenes, I think this operation advisable. At my next visit I found a large mass of hæmorrhoidal tumors occupying the wound. As it was impossible to retain them in the rectum, I removed with the ecraseur all I thought advisable. The hæmorrhage was very slight. Until the 15th the case progressed favorable, then prolapsus of the rectum occurred. There being no sphincter muscles, the bowel wouldn't remain in situ, and plugging and bandaging were of no avail, I therefore had the parts painted with a very strong solution of *Tannin*. Only a few applications were necessary to accomplish the object in view, the prolapsed portion returned, and gave no further trouble. The recovery after this drawback was very rapid, and my patient is now feeling better than he had done for years before I operated.

CASE II. Mr. McN., aged thirty-two, merchant. During the month of May, 1874, an ischio-rectal abscess formed. Fear of being cut and ignorance of the importance of giving exit to the pus, prevented him

from having the abscess opened, and in November of the same year, when he called on me I found an anal fistula occupying the left ischio-rectal space. He had not submitted to an operation before, because he was told that in that event it would be necessary to give up business for six or eight weeks. I assured him that that would not be the case, and that he would be well in a few days. I operated and in less than a week my patient resumed his business entirely cured of the fistula.

CASE III. Mr. LaF., aged forty, carpenter. Ten years ago was successfully operated on for hæmorrhoids. In the spring of 1874, a traumatic ischio-rectal abscess formed, for treatment of which he applied to me the following autumn. I found a complete fistula with the external opening about an inch from the anus, and the internal opening three inches from the termination of the rectum. I operated after the method described in Case I. The hæmorrhage was profuse, to arrest which I found it necessary to secure several vessels. This is known to be no easy matter by those who have operated in similar cases. I used a calendula dressing, so arranged as to keep the cut open and allow it to heal from the bottom. No untoward event occurred, and in ten days the patient was able to walk out, and resume his business.

Medico-Legal Department.

DISCUSSION ON STATE MEDICINE, ETC.

BY THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

SECOND DAY'S PROCEEDINGS.

The Society reconvened at 9:30 President Kenyon in the Chair.

STATE MEDICINE AGAIN.

The bill introduced in the senate, a few days since, by Mr. Laning, entitled an Act to regulate the practice of medicine and surgery, was then taken up and discussed, when Dr. H. M. Paine, of Albany, moved that a committee of three be appointed to suggest some changes and modifications to the bill.

After debate on the subject, in which Drs. H. M. Paine, Fiske, Waldo, Hollett, and others took part, the motion was finally adopted.

Regarding the law authorizing the appointment of State Health Boards, Dr. H. M. Paine stated that during the session of the last legis-

lature, vigorous attempts were made in the special interests of the Allopathic school, to secure the passage of an act creating a State Board of Health. The form of this bill proved to be similar to that presented to several other state legislatures. Frequent and persistent efforts were made, during nearly the entire session, to promote its progress by friends of the bill, especially by the Allopathic physicians in the legislature.

While its opponents, chiefly adherents of Homœopathy, conceded that the objects designed to be accomplished by the act were important, and, if faithfully carried out, would result in great benefit to the people, they were opposed to the method by which its provisions were to be enforced. They admitted that the board could, by means of well organized effort obtain a vast amount of data, from which, in a few years, there might be deduced important general principles regarding the causes and prevention of zymotic diseases; the origin and progress of epidemics, and the elucidation of many undetermined and perplexing questions regarding vital statistics.

But they were unwilling to entrust to the representatives of the Allopathic school, the exclusive control of matters involving associations so intimate and important; matters having a direct bearing upon the health, the longevity, and the general sanitary condition of the people; matters immediately connected also, with the advancement of medical science, and with the interests of all the members of the medical profession, without distinction.

They were not disposed to allow so extensive and inviting a field of research to be controlled by a department of the state government, in the interests exclusively of one sect in medicine. Neither were they willing to uphold the government in an effort to create a new state department, and place it in charge of their lifelong opponents, thereby extending to the Allopathic school a form of quasi endorsement and recognition quite incompatible with the self-respect and dignity of the adherents of the Homœopathic school.

They demanded that the new state department should be filled by an equal representation *by name* of the two principal schools of medicine, and that this provision should be so plainly stated in the law, that the governor could not, if disposed, make selections exclusively from the adherents of either of the two rival systems,

Should this bill in its present form become a law, the medical profession in this state will be immediately plunged into an active conflict. The Homœopathic profession feeling entitled to equal representation in the board, will immediately endeavor to influence the governor in their own behalf. He will be deluged by numerous signed petitions from all parts of the state, asking him to do a just and equitable act, and failing in this direction, or even if successful, efforts would be made from year to year, with succeeding legislatures, to repeal the obnoxious features of the bill.

As a matter of exact and impartial justice to the adherents of the two dominant systems of medicine, it is necessary that the bill shall be so amended as to provide for *equal representation by name of both Homœ-*

opathic and Allopathic schools. In order, also, to secure the appointment of those who are qualified, and in whom the members of the profession have confidence; and, also, in order to relieve the executive from embarrassment, the law should provide for the nomination of a number of suitable candidates by the several state medical societies, from whom the governor may make his selections.

Dr. T. F. Smith, of New York, moved that the sessions of the society hereafter occupy three days instead of two, as at present. Adopted.

On motion of Dr. H. M. Paine, the question of changing the time of meeting to the first week of February, was referred to the committee on legislation.

ELECTION OF OFFICERS.

Dr. Stiles, from the nominating committee, submitted a report, after which the following candidates were balloted for and elected.

President, Dr. A. W. Holden, Glens Falls; first Vice President, Dr. E. M. Kellogg, New York; second Vice President, Dr. H. V. Miller, Syracuse; third Vice President, Dr. R. S. Bishop, Medina; Recording Secretary, Dr. Frank L. Vincent, Troy; Corresponding Secretary, Dr. L. M. Pratt, Albany; Treasurer, Dr. E. D. Jones, Albany.

The balance of the report was then adopted.

MISCELLANEOUS.

On motion Dr. C. Hering, of Philadelphia, was recommended for university honors.

On motion, Article 12 of the By-laws of the society was so amended as to allow nominations hereafter to be made openly.

The President then appointed as the Committee on Legislation, Drs. H. M. Paine, A. W. Holden, E. D. Jones, W. M. S. Fiske, and W. H. Watson.

Dr. Barrett, President of the New York State Dental Society, being present, was introduced and welcomed, after which he briefly addressed the society.

Dr. Barrett, by request, then addressed the society upon the subject of Rubber Plates, as used in dentistry.

Dr. Houghton then moved that the Committee on Publication be directed to omit from the proceedings of the society all matter that has been previously published in medical journals. Adopted.

The Secretary then read an opinion of Townsend & Browne, of Troy, relative to the statutes governing medical societies.

Dr. H. D. Paine referred to the erection of the monument to the late Dr. E. Gram. Dr. Gray has erected a monument himself. The money was offered to Dr. Gray, but he prefers it should be given to the widowed sister of Dr. Gram. He moved that the committee have power to comply with the wish of Dr. Gray. Carried.

By H. M. Paine:

Resolved, That the recording secretary be authorized to commence the publication of the next volume of Transactions at a period not later than the first of June next.

Resolved, That the next volume of Transactions be numbered vol-

ume twelve, and that hereafter the volumes be numbered consecutively, and further that the current volumes be named "Second Series," rather than "New Series."

Referred to the executive committee.

The President appointed Dr. Waldo a delegate to the State Dental Association.

On motion, the time and place for holding the semi-annual meeting be referred to the executive committee with power. Carried.

A vote of thanks to the retiring president was adopted; also to the mayor and common council for the use of the common council chamber; also to the legislature for the use of the assembly chamber.

Dr. H. M. Paine, moved a vote of thanks to the recording secretary for the care and labor bestowed by him in the preparation and publication of the annual volume of Transactions. Adopted.

The Secretary read a list of a large number of papers and reports by title, which were ordered to be preserved for presentation at the semi-annual meeting, unless published in the volume of Transactions prior to that time.

The Society then adjourned *sine die*.

STATE MEDICINE IN TENNESSEE.

We clip the following interesting editorial item from the Nashville *Republican Banner* of February 13th.

In the senate yesterday, the bills for the protection of "State Medicine" in Tennessee were defeated by a vote of 22 against and 3 in favor.

The legislature has so much to do in doctoring up the finances, and getting the state credit in a healthy condition, it cannot stop to regulate the practice of physic. It prefers to let the people choose medical attendants and systems for themselves. If any mistakes are made and harm done in the exercise of choice, it is proposed to let the responsibility rest where it properly belongs — upon the people — who have the physic to take and the fees to pay.

The state is ready to charter colleges and societies for the improvement of medicine and the dissemination of a knowledge of it among its citizens, but it cannot afford to lend its power to any one class or kind of such institutions, nor to say that none may exercise the gift of healing, who have not diplomas or certificates from them, in all our wide commonwealth.

We sincerely hope all similar medical bills may meet a similar fate, till the dominant school ceases to arrogate to itself all the learning and skill and professional privileges in the land.

MEDICAL LEGISLATION.

"*Hamlet* — Do you see yonder cloud, that's almost in the shape of a camel?"

Polonius — By the mass, and 'tis like a camel, indeed.

Hamlet — Methinks, it is like a weasel.

Polonius — It is backed like a weasel.

Hamlet — Or, like a whale?

Polonius — Very like a whale."

It is a rather novel spectacle, in this age of sharply defined medical partyism, and especially in this city, where a few months ago the leaders of sanitary or public health reform, voted out and spurned with supreme contempt, from their organization, every Homœopathic applicant, to see a society of Homœopathic physicians, voting, "by a large majority" in favor of a "State Board of Health, as a measure highly necessary for these times," proposed by those same Public Health Association leaders.

Such extreme modesty, such self-denial, such willingness to be counted as nothing in the pressure of declared antagonists and in the way of their plans for self-aggrandizement, is an astonishing sight, indeed.

And it is the more astonishing, that such a vote should be given, after the perfidy of the same leaders in Michigan, and the full development of their scheme in Texas.

Surely the millenium draws near — the lamb lies down, because he is afraid, if he does not, the old lion will take the hint, that he is a *lamb* and not a "regular" lion — and because he considers it more dignified to appear, not as a *lamb*, but as an *animal* merely, where he is in the same class with the lion — and finally because, not to lie down, would be, to assume a dog-in-the-manger position; as he could not eat up the lion, he ought not to try to prevent the lion's having a good meal.

NASHVILLE.

OBSERVER.

Materia Medica Department.

POISONING BY MORPHINE.

PECULIAR TONGUE, EYE AND MENTAL SYMPTOMS.

In the spring of 1849 a young girl was ordered by her Allopathic physician to take *Quinine* for symptoms of returning chorea; as thickened feeling of the tongue and inability to articulate distinctly. A blundering druggist put up *Morphine* instead, so that the prescribed dose "what can be heaped upon a sixpence piece" was taken of that deadly drug. In less than half an hour the patient felt strangely, a kind of terror over-powering her. There was a sensation as if the flesh were trembling on the bones, chills creeping over her, especially from the hips to knees

and back again to hips. When being alarmed at her sudden prostration (she had not strength to stand up by that time,) she tried to describe her symptoms, and ask for an explanation from her friends, she could not for her tears and sobs, which she could not repress. Shortly after this she fell into a troubled delirious sleep, from which she awoke in a few moments feeling that she had slept weeks. This kind of sleeping and waking were repeated all day. About four hours after taking the dose she became nauseated and vomited a small amount of frothy liquid. Her eyes were early in the course hot and very lame, bits of ice were laid on them with relief. Her physician being absent from town and the blunder not being suspected, no antidotes were given.

Upon recovering from the immediate effects of that dose the tongue symptoms for which the *Quinine* was prescribed had disappeared entirely.

In the fall of the same year medicine was given her, which contained *Laudanum* with similar symptoms and effects.

CLINICAL EXPERIENCE.

In the winter of 1875 same patient took a severe cold had symptoms of fever, sore throat, throbbing headache, delirious troubled sleep. Hot surface with chills creeping over body, especially from hips to under knees. Another peculiar symptom she *thought* she was awful sick, *Acon.*, *Bell.* and *Gels.* were each tried with no relief, neither did hydropathy afford relief, when the addition of lameness of the eye balls, and uncontrollable desire to weep, made her recall her early experience of *Morphine* poisoning and immediately she took a dose of *Opi.* high and within fifteen minutes felt much better, second dose relieved all those symptoms before named.

[The above is the personal experience of Helen J. Underwood, M. D. of Chicago.—Ed.]

Book Department.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR THE YEARS 1873 AND 1874.

This first volume of the new series comes to us in a well-executed cloth-bound volume of 650 pages.

The editing of the volume reflects credit upon the new secretary, F. L. Vincent, M. D., who has set out the array of matter in excellent order, and crowned his work with a copious index. Passing the first 150 pages, devoted to the routine of society meetings, in which *Ars.*

iod. and *Nitric acid* are credited with curing membranous enteritis, we come to Part II, where are fragmentary contributions to the *Materia Medica*, in what is properly termed by its author "A Crude Study of the Sugar Pine" (*Pinus lambertiana*); an account of an accidental sting received by a young lady from a honey bee; a fragmental proving of *Baptisia tinctoria*; the supposed effects upon a susceptible person of an accidental inhalation of the vapor of *Carbolic acid* (probably an attack of influenza); and a case of poisoning by *Hyoscyamus niger*. It is hardly proper to speak lightly of any additions to our knowledge of drug action, and yet these seem small as the result of two years of labor on the part of the army of laborers in the great Empire State.

On pages 179 to 184 are embodied some excellent suggestions for the study of the *Materia Medica*. Why does not the writer act on his good suggestions and give to the profession the study itself.

The subject of Electro-therapeutics is treated of in the usual foggy and pointless manner.

Under the head of Clinical Medicine some excellent work has been done.

The study of Cephalalgia, with a classification of the characteristic symptoms of remedies, will be a valuable aid in drug selections for a troublesome class of cases.

So, also, an article on "Nervous, or Sick Headache; its Varieties and Treatment."

Following in the same section, we have, from page 278 to 296, a collection of cases from practice, all of them more or less interesting, and some of them quite instructive.

The Bureau of Surgery makes rather a light showing, but in the brief twenty pages occupied, appear some items worthy of note.

The efficiency of *Angustura vera* in treating some forms of tetanus is well set forth.

The rare good fortune by which a "complete rupture of the perineum" was spontaneously cured, cannot justify any practitioner in neglecting surgical interference. There should be no diversity of opinion as to the proper time for stitching up a lacerated perineum. No principle in surgery is better settled than that in any wound requiring sutures, those sutures should be set as soon as possible after the wound is made; and in no tissue has this rule more force than as regards lacerations of the perineum. These lacerations do not of necessity imply unskillful manipulation in the obstetrician, but when they occur it is his duty to securely stitch the parts at once, or as speedily as he can provide himself with a needle and silver wire with which to do it; or if the latter article be not at hand, then substitute. If anesthetics have been used in the delivery, the patient need not even know that a laceration has taken place, since when she is aroused the stitches will have been set. The ancient habit of locking up the bowels with *Opium* is worse than useless.

The radical cure of hydrocele by injecting tincture of *Iodine* by means of a hypodermic syringe within the tunic, and allowing it to mingle with the contents of the sac, and remain, is a method which has

novelty, and if efficient as is claimed, is a vast improvement over prevailing methods.

The study of "Infantile Anatomy," with practical deductions therefrom, is replete with good hints.

Finally, the Bureau of Ophthalmology gives a series of carefully-prepared papers on "Altered Lid Tension," setting forth pathological changes liable to develop from undue pressure of the lid upon the eyeball; on "*Baryta iodata* in specific keratitis interstitial;" on "Pustular Inflammation of the Cornea and Conjunctiva;" on "Aural Disease in Children;" on "Proliferous Inflammation of the Middle Ear;" on "Remote Results of Aural Disease in Children." The "Differential Diagnosis of Diseases of the Larynx," and a report on Vaccination, bring us to the Statistical Department of the volume.

One cannot resist a feeling of disappointment in closing the book, that from over six hundred medical men represented by delegates in this society, should come so meagre a contribution to the fund of knowledge which we already possess. How many of these six hundred physicians actually keep pace with the advance made in science through the labors of others? How many of those who do keep pace (or those who do not) have gone beyond the limits of previous knowledge, and have added something of value thereto? Viewed in the light of these society meetings and the discussions there held, it would seem that a few of its members who do keep up with the march of events are engaged in a desperate effort to drag their less industrious brethren along toward the same standpoint; and this effort so fully engrosses their time that they barely reach camp at the annual meeting, to be again left behind in the next year's advance. How long shall we be satisfied to barely subsist upon what has been bequeathed to us by those who have preceded? How long shall we be satisfied to warm ourselves at the dying camp-fires of yesterday? Gentlemen, the advance guard needs recruiting.

G. D. B.

DENTAL PATHOLOGY AND SURGERY. By S. JAMES A. SALTER, M. B. F. R. S. Members of the Royal College of Surgeons, and Examiner in Dental Surgery to Guy's Hospital New York. William Wood & Co. Chicago, Jansen, McClurg & Co. \$3.50.

This volume is a collection of essays, and reports arranged in the form of chapters, with the addition of several new chapters. The work contains 394 pages, 133 very excellent illustrations, and 28 chapters. The work abounds in evidences that the author, has made good use of the advantages he enjoyed as examiner in the Royal College, and Dental Surgeon to Guy's Hospital. Only with such advantages and the multiplicity of cases under control, can correct information concerning the results of treatment be arrived at.

The author informs us in the preface, that while practicing general surgery, he became convinced that the literature of that specialty, held very narrow and circumscribed views, concerning the gravity of some of the maladies dependent on diseases connected with the teeth, and contiguous parts, as well as that the pathology of the teeth has been imperfectly investigated by those practicing the specialty—dentistry.

He determined therefore at an early day to devote himself to the practice of dental surgery and investigation of dental pathology.

The volume considers the general anatomy of the teeth, their functions supernumerary teeth, deficiencies of teeth, irregularities, secondary dentine, congenital defects, causes, disease of the pulp, mechanical injuries, necrosis, odontomes and tumors, hypertrophies dentigerous cysts, alveolar and antral abscesses, nervous affections from tooth disease, syphilitic periostitis, extraction of teeth, causalties and treatment of hemorrhage following, cleft and perforation palate.

The first chapter is clear and complete. The second on the functions of the teeth is very interesting, especially that portion illustrating the relation of the tongue, teeth and palate in the production of various sounds. The third chapter on supernumerary teeth, and deficiency of teeth. Chapter IV on irregularities; Chapter V on united teeth; and Chapter VI on secondary dentine are each very instructive and interesting histories of the conditions treated, especially is this true of Chapter VI on secondary dentine in which the author points out the inaccuracy of the present nomenclature, and subdivides according to the anatomical differences which the forms exhibit Dentine of Repair, Dentine Excrescence and Asteo Dentine, conveying certainly a much clearer meaning to the reader of this subject. The chapter on congenital defects, ease mechanical injuries and necrosis, must to the American reader appear incomplete. The chapter on diseases of the pulp is very complete and instructive. The chapter on Alveolar abscess although good so far as it goes, we think will fail to meet the requirements of the American practitioners, who labor so assiduously to heal the abscess and save the affected tooth. The chapter on affections of the nervous system dependent upon diseased teeth is what has long been needed it certainly demonstrates very clearly the necessity for a broader culture of the practitioner of dentistry, and at the same time as clearly demonstrates the necessity for a better appreciation on the part of the general surgeon and physician, of those maladies dependent upon diseased teeth. If space and time permitted we could point out several portions of the book which are open to criticism, but with the transitional condition of the dental profession at this time every work contributes a new idea, or fact, or which puts into form familiar facts so that they become available to the general practitioner of dentistry. should receive the gratitude of the profession. We therefore commend this volume most heartily to both the medical and dental professions.

E. D. S.

THE DEFENSE OF DR. CHASE, before the Board of Trial, of the Massachusetts Medical Society (regular inquisitors), December 22, 1874, forms an interesting pamphlet. Dr. C. defends the dignity and freedom of the human mind most grandly.

THE LADIES REPOSITORY is ably edited by Rev. E. Wentworth, and published by the Methodist Book Concern. With the year began a new series of this magazine for the Christian home. The choice steel steel engravings it gives are alone worth the subscription price, \$3.50.

THE NORTHWESTERN CHRISTIAN ADVOCATE is an able paper and the organ of the Methodist Episcopal Church in the northwest. When it touches on medical subjects it is for progress and justice.

THE COMING DOCTOR, is the title of an interesting address delivered before the Massachusetts Homœopathic Medical Society, by Dr. David Thayer.

PUBLICATIONS RECEIVED.

"Constitution and By-Laws of Crescent Society of the Detroit Homœopathic College." The object of this society is to advance Homœopathy and perpetuate the college.

"Why is Homœopathy More Curative than Other Systems of Medicine?" An address delivered before the Hahnemann Medical Society, of Cincinnati; By W. H. Holcombe, M. D. We give an extract from this address, on page 254.

"State Medicine;" by a citizen (Dr. Dake); Nashville, Tenn.

"Transactions of the National Eclectic Medical Association for the Year 1874." Held at Boston, Mass. This volume contains 106 pages, and many very interesting, practical and readable articles.

"Remember Deeds of Kindness." Song and chorus. Words by T. Rutledge; arranged by Charlie Baker. Price 35 cents. Cincinnati; F. W. Helmick. Beautiful song; get it, and learn it.

Medical News.

Hahnemann Medical College, Philadelphia. — On the 11th of March the Academy of Music was filled by an audience drawn together to witness the ceremonies of the twenty-seventh annual commencement of the Hahnemann Medical College. After an hour's entertainment given by Hassler's Orchestra, the Trustees, Faculty, and students entered upon the stage at 12 o'clock, when the exercises were opened with prayer by the Rev. A. A. Willits, D. D. The valedictory address was then delivered by Prof. O. B. Gause, M. D., to the graduating class. The address was very short, but well written, and delivered to an attentive audience.

THE GRADUATING CLASS.

The degree of Doctor of Medicine, and also of Homœopathic Medicine, was conferred on fifty-one gentlemen, named as follows: S. A. Brown, J. W. Bechtel, Jr., J. L. Capen, J. S. Crawford, S. M. Cleveland, H. Cheyney, D. L. Dartt, E. W. Dean, W. G. Dietz, John B. S. Egee, F. F. Frantz, M. D. Thomas, M. W. Gardiner, W. J. Gurnsey, M. T. Holben, J. H. Harmer, John A. H. Heffrich, J. C. Johnson, M. D., J. C. Lewis, Chas. Mohr, Jr., R. Owen, J. A. Osborn, J. E. Peters, E. B. Rossiter, H. D. Rosenberger, P. G. Souder, Wm. Stiles, Jr., L. F. Smiley, W. P. Sharkey, M. M. Leon, A. Snyder, H. A. Sheetz, Jr. J. W. Thompson, W. H. Tomlinson, S. Woods, all of Pennsylvania; R. D. Dashiell, J. M. Maurer, J. F. Newell, E. C. Price, M. D., H. W.

Webner, of Maryland; Henry P. Guy, D. Macfarlan, of New York; E. S. Breyfogle, T. M. Wells, Ohio; J. M. Fitzmathew, A. Taft, England; G. H. Jenks, J. W. Metcalf, California; J. Utley, M. D., Massachusetts; J. G. Sharp, New Jersey; C. A. Jackman, Vermont; E. S. Fuller, Wisconsin; G. A. Evans, Minnesota.

THE PRIZES.

The newly-made doctors having now taken seats upon the stage, the dean of the college, Prof. A. R. Thomas, M. D., proceeded to make the following presentations: The first prize, a valuable microscope, was presented to Geo. W. Deitz, M. D., of Prussia; the second prize to Geo. A. Evans, M. D., of Minnesota, and the third prize to R. L. Dartt, M. D., of Pennsylvania. These were the college prizes for superior attainments. Professor Thomas presented to J. H. Hamer, M. D., of Pennsylvania, a case of instruments for the best anatomical dissection.

Prof. Gause presented three obstetrical forceps to the following gentlemen for the best examination in obstetrics: G. A. Evans, of Minnesota, S. M. Cleveland and R. L. Dartt, of Philadelphia.

There were five competitors for the prize given by Prof. Martin for the best thesis on Bright's disease. Having been submitted to a rigid scrutiny by a committee consisting of Drs. Neidhard, Kitchen, and Lee, the prize, a case of diagnostic instruments, was awarded to E. S. Breyfogle, M. D., of Ohio, and presented to him on behalf of Prof. Martin, by Dr. Lee, of West Philadelphia. The beautiful floral gifts and valuable presents having been distributed to the class the exercises closed with a benediction.

BANQUET.

At the Continental Hotel, in the evening, the Faculty gave a banquet to the graduating class. About one hundred participated. After partaking of the many good things provided, addresses and singing were indulged in. The principal toasts of the evening were:

1. To the memory of Samuel Hahnemann.— Responded to in silence.
2. Our College Motto— *In certis unitas, in dubiis libertas, in omnibus charitas.*— Response by Prof. H. Noah Martin, M. D.
3. Homeopathic Literature.— Response by Dr. J. M. Cleveland.
4. The City of Philadelphia.— Response by Joseph H. Paist.
5. The Public Press.— Response by Thomas E. Harkins.
6. The Alumni.— Response by T. S. Dunning, M. D.
7. The Graduates.— Response by Jas. Utley, M. D., of Taunton, Mass.

An Historical Meeting.—The largest meeting ever held of the Homœopathic Medical Society of the county of New York, convened this evening at the Ophthalmic Hospital, the president Dr. B. F. Joslin in the chair. The address of the president consisted of a very complete history of the rise and progress of Homœopathy in this city, together with a statement of the condition of our institutions. This address will be printed in pamphlet form by the Society, for distribution.

The veteran Dr. Bowers, said that when he was first invited to the medical care of the "Half Orphan Asylum," it was during the prevalence of an epidemic of "Ophthalmia." The result of treatment here, was most satisfactory as compared with other like institutions. Dr. Dowling made an elaborate report of the workings and present condition of the New York Homœopathic Medical College and of the Surgical Hospital. (These reports you shall have for publication.)

There has been for some time past a movement on foot, to place one of the charity hospitals of this city, under Homœopathic care. A petition to the commissioners of charities, and corrections, has been extensively signed by the best cultured and most wealthy citizens of the city, representing it is said one half the amount paid in taxes. Such names as Wm. Cullen Bryant, Parke Godwin, Harper Brothers, A. T. Stewart, W. H. Vanderbilt, John J. Cisco, David Dows, R. L. Stuart, and a host of others, equally good, are upon the paper, and their appeal

must and will be heeded. Mayor Wickham, is a firm adherent of our system, and trustee in our Surgical Hospital, so we feel sure of his approval, when the matter gets there. Dr. W. H. White called the attention of the Society to the matter, and asked an expression of opinions of members. The general impression seemed to be, that we should have a small hospital within the city limits, rather than go over to the "island." Upon motion of Dr. McMurray, it was unanimously voted to present the petition as above, and Drs. W. H. White, McMurray, E. Guernsey, Dowling, and Hills, were appointed a committee of arrangements.

This meeting continued for three hours, and notwithstanding there was no scientific subject under discussion, was a most interesting and enjoyable occasion. The arrangement and appointment of bureaux for the year, you shall have in my next.

A. K. HILLS, Sec'y

NEW YORK, Jan. 13, 1875.

Dr. Foote's Home.—This institution, located at Stamford, Conn., will hereafter be devoted to the treatment of patients suffering from the abuse of alcoholic stimulants, and from opium; and to the treatment of milder forms of mental aberration. The morbid appetite of confirmed inebriates, where the unfortunate victim seems virtually to have lost self-control, in spite of frequent ineffectual efforts toward reformation, must be regarded in the light of actual disease, requiring careful management with a wise and sagacious administration of medicines. From our past experience and success with the Homœopathic treatment in this affection, we can promise, when sufficient time is given, a radical cure in all cases where the patient has an earnest desire for recovery. We can also promise the same to those addicted to the habit of narcotizing with opium or other poisons. The treatment is accompanied by such a constant and judicious familiarization with the presence of the enemy as to enable the patient to resist temptation, and even to see, smell, and handle the poison with impunity, the appetite being wholly eradicated. Terms for inebriates, \$20 to \$30 a week.

Address,

GEO. F. FOOTE, M. D.

A Cheap Map.—Lloyd, the famous map man, who made all the maps for General Grant and the Union army, certificates of which he published, has just invented a way of getting a relief plate from steel so as to print Lloyd's map of American Continent—showing from ocean to ocean—on one entire sheet of bank-note paper, 40x50 inches large, on a lightning press, and colored, sized, and varnished for the wall, so as to stand washing, and mailing anywhere in the world for twenty-five cents, or unvarnished for ten cents. This map shows the whole United States and Territories in a group, from surveys to 1875, with a million places on it, such as towns, cities, villages, mountains, lakes, rivers, streams, gold mines, railway stations, etc. This map should be in every house. Send twenty-five cents to the Lloyd Map Company, Philadelphia, and you will get a copy by return mail.

How To Advance True Homœopathy.—On page 671, MEDICAL INVESTIGATOR, of December 1874, appears an article in reply to "How to advance true Homœopathy," in November number of the MEDICAL INVESTIGATOR 1874. The writer is of the vermicular order undoubtedly as he has made a personal attack in his *vox et præterea nihil*.

Allow me Mr. Editor, to make just one prescription. I would suggest *Pate de foie gras* in his case. He says "save us from bigots," to which we most heartily cry from the housetops. So mote it be.

The doctor was surely angry when he wrote up the tight fitting boot (How to advance true Homœopathy.) *Habet et musca splenem*

Now Mr. Editor, not wishing controversy and preferring peace to war, I will bid my friend *vive vale*.

P. B. SPARKS.

Removal.—Dr. E. Manning has removed from Freeport to Amboy, Ill., and has formed a partnership with Dr. A. P. Choor.

Commencement of Pulte Medical College, of Cincinnati.—A full audience gathered in College Hall, Feb. 11, and was highly entertained by the addresses of Rev. Dr. Wise, and Profs. Holcombe and Wilson. The following prizes were awarded: Preliminary Examination, \$30, S. H. Randall; First Clinical Prize, \$35, J. C. French, Second Clinical Prize, \$25, D. B. Morrow; Third Clinical Prize, \$15, Geo. C. Jeffrey; Special Clinical Prize, \$25, S. S. Black; Commendatory Clinical Prize, \$5, J. F. Brown.

The graduating class was as follows: Frank Adams, O.; J. F. Brown, Mich.; S. S. Black, Canada; Thos. W. Brown, O.; J. E. Baker, O.; I. W. Buddeke, Tenn.; C. E. Fisher, Kan.; J. C. French, O.; S. R. Geiser, Mo.; S. Griffin, Iowa; Jacob Hummel, O.; Geo. C. Jeffrey, N. Y.; O. J. Lyon, Iowa; J. T. Lowry, Ky.; L. C. Lukens, O.; D. B. Morrow, O.; H. McGrew, O.; S. H. Randall, O.; W. E. Rukenbrod, O.; W. A. Shappee, O.; E. A. Whitlock, Iowa; H. Whitworth, Mich.; W. L. Williams, O.

Homœopathy In Minnesota.—Homœopathy has been placed one more step forward in this State, by Governor, C. K. Davis, who appointed, and the Senate has confirmed W. H. Leonard M. D. of Minneapolis to be a member of the State Board of Health. This recognition of our school of practice by the Governor is causing considerable uneasiness among our Allopathic friends. J. G. WHITTEMORE.

Homœopathic Medical Society of Middle Tennessee.—The Homœopathic physicians of Nashville and vicinity have recently formed an organization, and will hold monthly meetings, for the promotion of medical science. J. P. Dake M. D. President. E. R. Smith M. D. Secretary. We hope soon to be able to present to our readers some reports of the transactions of this new society.

The State Medicine Corner gotten up by our Allopathic brethren has called out our profession *en masse*. The Western Academy has sent us a pointed protest applied against the Congress bill, which, as we have had so much on these subjects, we have not published.

Dr. W. W. Goff, of Stevens Point, Wis., delivered a woman of an eleven-pound child by the operation Cæsarean section, on the 23d of last May. She made a rapid recovery.

Thos. Hewitt, M. D., of Pittsburgh, Pa., died recently of pleuropneumonia. He is somewhat known to the profession by his high potencies of the new remedies.

The Spring Term of Hahnemann Medical College and Hospital opened on the 11th inst. From the attendance it would seem as though this term is appreciated.

The Western Homœopathic Pharmacy, of St. Louis, is now under the management of Messrs. Munson & Co., Wm. F. Bockstruck being the partner.

Obituaries.

Nathan Spencer, M. D., of West Winfield, N. Y., died December 7, 1874, at the age of sixty-six years. He was one of the pioneers of Homœopathy.

Wm. E. Sanders, of Cleveland, Ohio, aged thirty-six, died on the 7th inst., of cardiac rheumatism.

Society Announcements.

The Chicago Academy of Homœopathic Physicians and Surgeons meets every alternate Thursday evening, in the Tremont House.

The New York County Homœopathic Medical Society meets the second Wednesday evening of the month, in the Ophthalmic Hospital.

The Philadelphia Homœopathic Medical Society meets the second Thursday evening of the month, at the college.

The Hahnemann Academy meets on the fourth Wednesday Evening of each month, at the Ophthalmic Hospital Building, corner Twenty-third street and Third avenue, New York.

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00),
Vol. X with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00),
Vol. XII; Commencing January, 1875.]

Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

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TWENTY-FIVE cents each will be paid for the January and October numbers of *THE MEDICAL INVESTIGATOR* for 1874.

LOCATIONS.—Please send us the facts regarding any locality where you think a young Homeopathic physician might succeed.

WANTED.—The October number, 1869, of the *MEDICAL INVESTIGATOR*. Address, with price, S, care U. S. *MEDICAL INVESTIGATOR*.

BIND YOUR JOURNALS.—Emerson's Binder we can supply, stamped with name suited for this journal, for 40 cents; without backs, 20 cents. Keep the numbers all together for ready reference.

FOR SALE, EXCHANGES, AND PARTNERSHIPS.—We have several good chances, which we are not at liberty to publish. Tell us just what you want, and we may be able to suit you at once, or in a short time.

CAN'T AFFORD IT, is frequently only a poor excuse; but if any of our readers know of a case where it is a good excuse — where they cannot possibly take this journal — let us know it, please, stating circumstances, etc.

WANTED.—A successor to a first-class Homeopathic practice in a rapidly-growing Western city of 40,000 inhabitants. The most desirable point in America for a surgeon. Address, H. M. C., care U. S. *MEDICAL INVESTIGATOR*.

U. S. MEDICAL INVESTIGATOR: I duly received the circular respecting your journal, but having several journals already coming in from England and the States, had concluded not to take any more just now. A perusal of the first number, which a student of mine brought with him from the States, made me, however, quickly change my intention, as I fully appreciate its practical as well as scientific character. I enclose \$5.10. Please send me the back numbers from January.

Wishing you every success, I remain yours truly,

TORONTO, Canada, March 10.

J. ADAMS, M. D.

THREE MONTHS.—This is the last number to those who sent us \$1 for three months on trial. We hope you are much pleased with your new acquaintance. If you cannot send the amount for the year, you can send \$1.50 and receive the rest of this volume, which closes with June 15th. The greater number of those who started with us on trial are now enrolled regularly for the whole year, having sent the balance of their subscription. We would like to have you read some of the good letters we have received from some of these. Many say: "I always find something of practical value in each number."

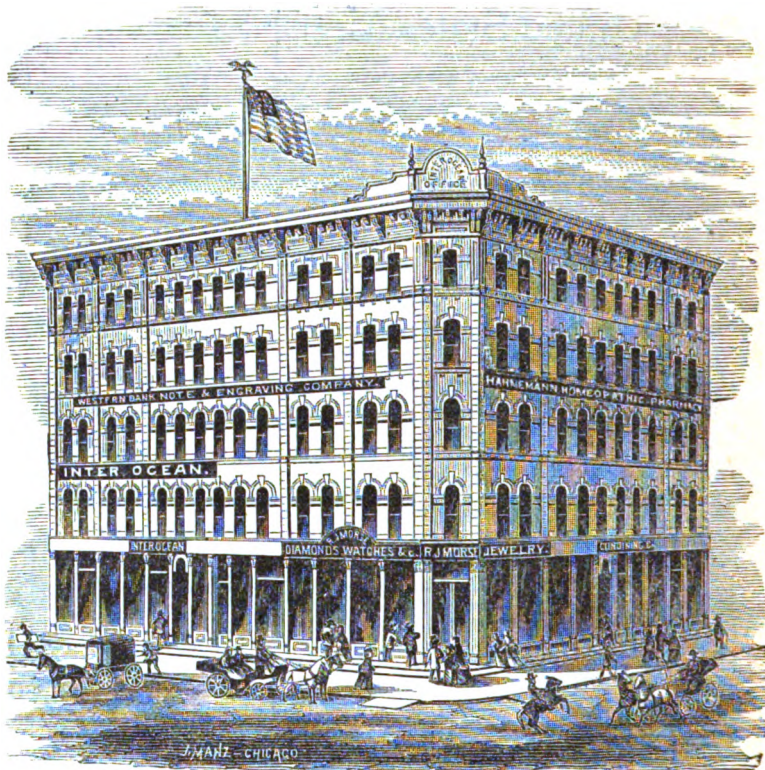
This is a fair sample of many we are now receiving:

Liking *THE UNITED STATES MEDICAL INVESTIGATOR* so well, I have concluded to have it continued. Inclosed you will please find the balance due for the year. I feel very well satisfied with it, indeed, after a trial of two months.

KALAMAZOO, Mich., March 6, 1875.

A. B. CORNELL.

HAHNEMANN
Homœopathic Pharmacy.



Angell on the Eye; new edition	\$3.00
First Volume Allen's Encyclopedia of Materia Medica	6.00
Raue's Record for 1874, containing a digest of valuable articles contributed during the year to Homœopathic journals of America, England, Germany, France, and Spain	3.00
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Decline of Manhood, by A. E. Small, M. D.00
Faulkner's Visiting List for 1875, with a Repertory for remedy reference.	2.00
Veterinary Practice. Published by Boericke & Tafel. A splendid book for farmers	5.00
Ruddock's Text-Book of Homœopathy. Just received	8.00
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Boericke & Tafel's 30 and 60 trituration, in ounce bottles30
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Ludlam's Diseases of Women.— We now have a lot newly and handsomely bound in Library Sheep. This book is being nearly sold out, and those who want it had better order. Price \$7.50.

Pure Wines, Brandies, Whiskies, Etc.— We have ever believed it our duty to make every effort to secure the best of everything for the use of the sick. This is as true in regard to wines and liquors as anything else. Where we are not assured of their purity we do not purchase, therefore do not offer any but of undoubted worth, and entirely free from adulteration. We can sell in bottles, or from the cask, in any quantity. *It will pay* to send to us from long distances to get any of these goods. You need for your patients extra pure goods. We have letters before us from physicians, one of which says: "That Catawba brandy has saved the life of one of my patients, where I before had been unable to get any stimulant that could be taken with benefit." We have lately received California brandy overland, *direct from the vineyard*, equal to the best French brandy. "A word to the wise," etc. Send and get some for trial.

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Having a great part of the time for several years given my personal attention to the transmission of *Vaccinia* and kindred diseases in animals, I am now able to furnish physicians upon the shortest possible notice with any quantity of

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Either in the form of Points, Tubes, or Crusts. My own preference is for Points, and if used with care they can be relied upon in every case as being fully as efficient as humanized material, and affording much more satisfactory results.

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During the winter of 1873-4 I furnished a large quantity to the Board of Health (Allopathic) of this city, with the following results:

"During the Epidemic of the past year our Board has used vaccine from various sources, and has found Dr. Pettet's unexcelled by any."

CLEVELAND, O., November 2, 1874.

H. W. KITCHEN, M. D.,
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TERMS.—Ivory Points, package of ten, \$2.00; Crusts, mounted, \$3.00; Capillary Tubes, large size, \$3.00.

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Twenty-fifth Term begins September 30th, 1874 and ends 3d Wednesday of February, 1875.

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DETROIT

Homœopathic Medical College.

The Third Course began October 15th, 1873, and closed February 17th, 1874.

FEES.—For Michigan Students, \$20. Students from other States, \$35. No other fees.

Next term begins October 15th, 1874, and continues five months. Address,

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HAHNEMANN MEDICAL COLLEGE AND HOSPITAL,

CHICAGO, ILL.

Spring Term.

The Spring Term of this Institution will be opened Thursday, March 11th, and continued to Thursday, May 20, 1875. Three lectures will be given each day, all the regular Chairs of the Winter Course being represented. The Clinics at the Hahnemann Hospital will be held as in the winter. The attention of those beginning the study of medicine, and first-course students is particularly called to this course.

FACULTY.

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Emeritus Professor of Theory and
Practice of Medicine.

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FEES.

Matriculation (good for the fol- lowing winter).....	\$ 5.00
Lecture Ticket.....	25.00

Dissecting Ticket (optional).....	\$5.00
Hospital Ticket (optional).....	5.00

All fees are required to be paid to the Registrar in advance.

Persons desiring further information are requested to communicate with the Registrar.

Prof. CHARLES ADAMS, M. D.,
978 Wabash Avenue.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. I, No. 7. — APRIL 1, 1875. — Whole No. 139.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

MONROE, Wis., March 10.—Pneumonia, tonsillitis, influenza, and scarlatina, are the prevailing diseases. Q. O. SUTHERLAND.

WARRINGTON, Ind., March 7.—We are having a great many bronchial and pneumonic cases at present. C. C. LODER.

TIDIOUTE, Pa., March 12.—Great prevalence of influenza, tonsillitis, facial neuralgia, and angina faucium. In nearly every instance *Bell.* 900 was the remedy. J. G. GILCHRIST.

ARKANSAW, Wis., March 8.—Scarlatina has broken out here again, but is easily controlled with *Gels.*, *Apis mel.*, *Verat. v.*, and other remedies. Measles, pneumonia, influenza, and sore throat also prevail. W. R. CHURCHILL.

WATERTOWN, N. Y., March 8.—The prevailing diseases are coughs, colds, and influenza, requiring *Nux.*, *Puls.*, *Merc.*, or *Rumex.* We also have quite a number of cases of infantile bronchitis, calling for *Bell.* or *Calc. carb.* There have been a few cases of small-pox in the city—all under Allopathic treatment. W. T. LAIRD.

CLEVELAND, O., March 17.—The small-pox scare has been extensive at Columbus, Ohio. They have also had one at Alleghany, Pa. Vaccine demand has been steady and active for the last month.

J. PETTET.

UTICA, N. Y., March 15.—Bronchitis, pneumonia, pleuritis, and like diseases are principally prevailing at present. We have had considerable scarlatina during the winter. *Amm. mur.* does well in some cases of bronchitis.

CHAS. E. CHASE.

NILES, Mich., March 13.—We have had a mild form of scarlatina raging here since January 1st, and some severe cases of pneumonia and typhoid fever. *Tart. em.* and *Phos.* seem to do the work in pneumonia. Have had no experience in typhoid. The old school have lost quite a number of cases. In scarlatina there is a tendency to an enlargement of tonsils and submaxillary glands, with severe angina. In such cases *Merc. proto. 2*, *Bell. 3*, and *Baryta carb. 30*, according to indications, work to a charm.

L. T. VAN HORN.

CLEVELAND, Ohio, March 10.—Columbus, Ohio, is having a small-pox scare. I think there must be something of the same kind at Allegheny City, for I have received several orders from there for vaccine the past week. Cleveland has considerable diphtheria. I have had several cases both of this and scarlatinal angina lately. I think these diseases dependant on the weather. *Phytol. dec.* and *Nitric acid* have served me well in both. I have used several other remedies as they appeared called for, but with indifferent results.

PETTET.

QUINCY, Ia., March 14.—We are having a shower of pneumonia infantum here. Several deaths have occurred during the past week, under Allopathic treatment. I have not lost a case. My Allopathic brethren consider it incurable when confined to the lungs (double pneumonia). I do not consider it so under Homœopathic treatment. All the cases that have come under my observation called for *Acon.*, *Bry.*, *Phos.*, and *Bell.* In one case, the child being dropsical, *Arsenicum* was called for, and given with the best result.

D. PITTMAN.

EDGEFIELD, Tenn., March 17.—Catarrhal affections have been the leading feature of the past winter, with little fatality. At present, measles and mumps are putting in their appearance with the spring blossoms. The Homœopathic Medical Society of Middle Tennessee has been started under a temporary organization, and hope to be able to send you some of its proceedings at an early date. I have been a reader and subscriber of your journal for eighteen months, and the pleasure derived therefrom has been duplicated by the recent alliance. May you live long, and prosper.

EUGENE R. SMITH.

DENVER, Col., March 13.—For a fortnight past pneumonia has been somewhat prevalent, owing no doubt to the rapid changes of temperature we have had of late. Under Allopathic medication it has proved fatal in several cases, one of our most prominent druggists having died after only five days illness. I cannot learn of any deaths under Homœ-

opathic treatment. My remedies were *Acon. tinct.*, three drops in four ounces of water, at the commencement, when pulse and temperature indicated it. By its use alone I succeeded in two cases in preventing engorgement and cured the patients. I have followed Fleischmann in using *Phosphorus* 6 in broncho-pneumonia, while *Bryonia* 3 cured my cases of pleuro-pneumonia.

M. MEYER MARIX.

MOLINE, Ill., March 11.—Epidemics here for the last six weeks, affecting persons differentially according to constitutional dyscrasia, rheumatism, neuralgia, nasal catarrh, tonsillitis, laryngitis, bronchitis, croup, diphtheria, and erysipelas. Homœopathy has done well; would have done better but for meddlers. What is the best means of redress where a regular "regular" is in the habit of calling on one's patients with the view of making examinations, passing opinions, and holding out flattering proposals for treating them? Don't try to find a Homœopathic remedy. Such a symptom must come from the provings of some unknown nostrum administered by the devil himself.

S. BISHOP.

SPRINGFIELD, Vt., March, 12.—We have had a very severe epidemic of influenza in this region. Under the "regular" treatment it has been quite prone to degenerate into pneumonia, or enteritis, and some cases have died. Every case falling into my hands, at the beginning, has yielded, in twenty-four hours mostly to *Acon. 30*, or *200*, which was clearly indicated by the symptoms; two or three called for *Gels.* at the same stage. All the remnants of the disease, the prostration and a possibly troublesome cough, yielded to *Bry.*, *Phos.* or *Rhus.* as the symptoms called for one or the other.

This field knew nothing of Homœopathy until the writer settled here. It is more and more commending itself to popular confidence as its capabilities become more and more known. Two years has sufficed to give it a firm foothold.

S. H. COLBURN.

MANCHESTER, Iowa, March, 20.—Since the middle of January catarrhal fever has been the prevailing disease throughout this region of country, affecting, especially in children, the entire range of air passages; in adults the nasal passage was often the only one involved. In several cases of children vesicular bronchitis was well marked. During this time I have seen only four cases of pneumonia, two of which were complicated with pleuritis. Two other complications occurred in the form of muscular rheumatism and facial neuralgia. With children the most prominent symptoms noticed were intense thirst, dry, parched lips, and all kinds of moist rales in the chest; and with adults, severe frontal pains, including the entire orbital region, without intolerance of light, and severe bone pain. Hence *Bry.* has been the prime remedy. In cases of bronchial complications, *Bell.*, *Sulph. Ipecac.*, and *Iodide of potassium* have been indispensable. *Acon.*, *Gels.*, *Sang.*, *Phos.*, and *Allium cepa*, have occasionally been indicated.

S. W. GREEN.

FORT WAYNE, Ind., March 11.—I like the INVESTIGATOR very much. The clinical department is one of its best features. The prevailing diseases since January 1st were pneumonia, diphtheria, membranous croup, catarrhal and typhoid fevers. Many old people have died quite suddenly. *Phos.*, *Ars.*, *Merc. viv.*, and *Pod.* high, were the principal remedies indicated.

Verat. vir.—Tongue coated white, brown or yellow, with red streak in centre, no matter what name may be given to the disease on that symptom appearing, patients were well in twenty-four hours after taking *Verat. vir.*

Bapt. tinct.—Girl, aged seven years, had been treated domestically for a cold with "Sanford's Lung Syrup," "physiced," and the system much depleted in every way. Symptoms: pulse 120, small, weak; dyspnea; cough tight; great prostration; restless; anxious, frightened look; cheeks flushed dark violet; tongue same hue. *Bapt.* 1, a teaspoonful every hour until better, next morning found the little one well, playing with her doll. Let the disease be what it may, with dark violet tongue, I have found in *Baptisia* the remedy.

M. F. GREEN.

JOLIET, Ill., March, 11.—We are having our proportion of the prevalent diseases of the season. The cold northeast winds have seemed to be productive of catarrh, croup, angina and rheumatism.

I was called a few days since to a case of true croup which had been sick thirty-six hours, at 5 A. M. prescribed *Acon.* 2, and *Iodine* 2, alternating every fifteen minutes also *Iodine* inhalations, at 11 A. M. saw it again and found it worse, dyspnea increasing, pulse rapid and small and great lividity of the countenance. Gave an emetic and continued the prescription with the addition of a flannel cloth wrung out of hot water and applied to the neck. At 4 P. M. it was much improved. Its mother said that great relief followed the action of the emetic. The child looked brighter, the pulse was stronger and less frequent, and the cough and dyspnea were greatly relieved, although the breathing was still loud and harsh. I gave *Kali bich.* 3 in place of the *Aconite*, alternating with the *Iodine* at longer intervals. The next morning it was much better, having passed a comfortable night. The cough was looser, and the breathing greatly relieved. It made a rapid recovery on an occasional dose of *Hepar sulph.* 6 and *Tart. stib.* 3.

I do not report this case to give undue prominence to the emetic, but believe that it saved the child's life. If the remedies could have been given at an earlier period of the disease it would not have been required.

Various phases of angina have been prevalent during the winter, but have yielded rapidly to *Merc.*, *Bell.*, *Phyto.*, and *Hepar sulph.* I consider it a great mistake for physicians to so frequently call this disease diphtheria. An epidemic of diphtheria might be productive of results quite disparaging to former success. Rheumatism in various forms is prevalent at present. I have found *Propylamin* useful in one or two severe cases.

M. B. CAMPBELL.

HOMŒOPATHY MORE CURATIVE THAN OTHER SYSTEMS.

BY W. H. HOLCOMBE, M. D., CINCINNATI, OHIO.

[Continued from page 257.]

It having been made clear that our diseases are curable, and by laws, which are discovered or discoverable; and it having been mathematically demonstrated that Homœopathy is more curative than other systems, can we give any philosophical explanation of the fact?

Enough to satisfy the most exacting and logical mind.

In the study of any given case of sickness, there are four cardinal points to be considered: THE PATIENT; THE DISEASE; THE REMEDY; THE LAW, according to which the remedy is to be applied. Now, in each one of the points, the method of the Homœopathic is vastly superior to that of the Allopathic school—a fact sufficient, in the eyes of those who know the meaning and value of *method*, to account for its superior success.

Method, in the language of philosophy, is the mental process by which truth is discovered or applied. The method of a man of genius, says La Place, is sometimes of more importance to the world than his discoveries. A man of feeble intellect, pursuing a right or true method, will achieve far more useful results than the most talented person who pursues a wrong or imperfect one. The method of studying the patient, the disease, the remedy, and the law of cure are therefore of supreme importance. So different are the methods employed by the two schools, that the law of Allopathy is *perpetual oscillation*, while that of Homœopathy is *perpetual progress*.

I. THE PATIENT.

The Allopathic school makes some vague modifications of treatment according to age, sex, idiosyncrasy, and constitutional inheritance; but, as a general fact, it has devoted itself to the study of the *disease*, but not of the *patient*. It is a modern, and almost exclusively a Homœopathic idea, to study the mental and physical peculiarities of the patient as a guide to the selection of the proper remedy in his case. What matters it to the Allopathic physician whether his patient is blue-eyed or black-eyed, fair-skinned or dark-skinned, vivacious or melancholy, irritable or choleric, or timid and tearful, lean or corpulent, sanguine or bilious? What matters it if grief or fear, or jealousy or chagrin, or any other mental emotion, is preying on his mind? What notice does he take of all the little personal habits, the peculiar tastes, the morbid fancies, the strange sensations, the unaccountable idiosyncrasies, so important to the individual, so insignificant in the eyes of science!

Incapable of utilizing, according to *his* method, these merely personal facts, he pronounces them trivial or absurd. But every one of these things are important. They are deep-rooted and fundamental facts in the organization of the man. These personal minutæ differentiate one human being from another. They frequently lead the Homœopathic physician to the choice of the best remedy, and enable him to make the most brilliant cures.

Homœopathy alone has properly enlisted psychology as a help in the field of practical medicine. Homœopathy alone recognizes that the life of man is the compound result of co-existing spiritual and natural forces. Allopathy concerns itself chiefly with the physical side of life, leaving the mental and spiritual side to the metaphysicians and the theologians. Homœopathy endorses the teachings of Coleridge, that man is essentially a unit, in whom soul and body are the positive and negative poles, mutually acting and reacting on each other. This leads the Homœopathic physician to give every patient a special psychological study, which bears glorious fruit in the treatment of disease.

This superior method of Homœopathy in the study of the patient, is already being utilized in the treatment and cure of insanity.

II. THE DISEASE.

The vast acquisitions in physiology and pathology which characterize the present century, have been made almost entirely by the Allopathic school. So deeply are we indebted to that school for these important discoveries, that we are obliged, in justice to ourselves and our patient, to take their journals and buy their books, in order to keep up with the general progress of medical science. But Homœopathy, in the meanwhile, by reconstructing the *materia medica* and the practice of medicine, has rendered a still greater service to science and humanity. It appropriates and utilizes everything which Allopathy acquires. The Allopathic school, on the other hand, misled by false theories and vicious reasonings, makes no valuable use of the facts it accumulates. It is the jackall purveying for the lion.

Conceding that we owe to Allopathy our best knowledge of disease in general, we affirm that we have introduced a method of studying each particular case of disease which is far more productive of valuable results than any method hitherto used. We have learned, that next to the law of cure, the greatest secret of cure is to *individualize* our cases of disease; to discover, not what is common to all cases of a given disease, but what is uncommon, peculiar, idiosyncratic, and thoroughly individual to the one case under treatment. We have no specifics for pneumonia, or dysentery, or intermittent fever. Every case of these diseases presents a combination of symptoms peculiarly its own and requiring its special remedy. The facts, for instance, that the sputa is yellow or rusty colored, that the cough is attended with a pain in the back or an effort to vomit, that the chill is accompanied by intense thirst or no thirst at all, will determine our choice for one remedy or another, and so on, with infinite variety.

So thoroughly analytical and philosophic is this method, that Homœopathy, instead of being the grave, is truly the cradle of medical science. Any man of common sense can see that a system which prescribes carefully for the special combination of symptoms occurring in the particular constitution under treatment, is far more scientific, and must be more successful, than one which orders *Quinine* for everybody with intermittent fever, *Calomel* for everybody with dysentery, and blood-letting for everybody with pneumonia. This may be an exag-

gerated statement, but it illustrates the fact that it is the tendency of Allopathy to generalize and unify, whilst it is the tendency of Homœopathy to differentiate and to individualize; for which reason alone, if no other existed, the probabilities of scientific truth lie strongly with the latter.

III. THE REMEDY.

It is in the department of the remedy that the superiority of Homœopathy shines out with special lustre. We have discovered, or rather created, a new *materia medica* by a new process, almost utterly unknown to the Allopathic school. By experimentation upon healthy men and animals, we have acquired a deep and clear conception of the morbid action of drugs. Not only have we added to the catalogue of therapeutical agents scores of remedies of which our opponents are still ignorant, but we have studied from a better and more scientific standpoint most of their own remedies, and can use them in smaller doses, and on a different principle, far more effectually than they have ever been able to do. By the recognition of the great fact, that the same drug is destructive or disease-producing in the large dose, and restorative or health-producing in the small dose, we have extracted the sting from physic, so that the dose which a child can swallow with impunity will bring relief to the strong man in his agony.

The poverty of Allopathic information about drug-action is truly humiliating. That school, for instance, regards *Colocynthis* as a mere purgative, seldom used alone, on account of the severe griping it produces. Its real knowledge of that drug can be summed up in ten lines. The Homœopath knows that *Colocynthis* produces colic, diarrhœa, dysentery, sciatica, pneumonia, facial neuralgia, toothache, arthritic ophthalmia, asthma, and a mental condition curiously compounded of anger, indignation and chagrin; and that all these derangements of the system have their special forms and combinations, by which they are distinguished from similar disturbances produced by other drugs. The Homœopathic *materia medica* is, indeed, such a world of marvels and mysteries to the average Allopath, that he gets over the difficulty of explaining its mighty problems, by denying or ignoring its existence.

IV. THE LAW.

But, gentlemen, our superior knowledge of the patient, the disease, and the remedy, would be void of any great practical result, if we did not have a fixed principle upon which to conduct the cure. Allopathic practice consists of methods of cure, or of treatment designed to cure, founded upon certain theories of disease and of drug-action, and ever shifting with the fashionable opinions of the day. Mark you, there is first a *theory* of disease—likely enough to be reversed by the next generation of thinkers. Next, there is a *theory* of drug-action, not derived from experiment upon the healthy, but upon the sick. Allopathy rests upon these two *theories*. Its foundations are unstable, for the theories are perpetually shifting. Homœopathy, on the contrary, is founded on two *series of facts*—the simple phenomena of disease, just as they stand in nature, unexplained by crude medical theories, and the morbid effects of drugs, just as they are produced by experiment on the healthy

man. *Colocynth*, for instance, is given in sciatica, when the physician discovers in the natural disease a clear image of the artificial one produced by that drug. Finding a drug which affords a parallel to the disease under treatment, the Homœopathic physician cures his patient without employing any mental process of theory or speculation whatever.

This is not the place to prove that "similia similibus" is a great natural law of cure. That is continually being demonstrated and verified by the methods and the results of Homœopathic practice. But any one can see that when the whole profession is guided by one fixed principle, and all its energies directed in the same channel, we may naturally anticipate the progressive development of the science. For the want of a guiding law, Allopathic practice tends always to variation or diversity of plans of cure, while, through its guiding principle, Homœopathy leads more and more to harmony and scientific precision.

Is it not strange that, in a practical age, a system so thoroughly practical, so clearly established by observation and experiment, those faithful handmaids of science, appealing only to *facts* for its support and confirmation—is it not strange that this system should have been denounced as a baseless vision, as transcendental moonshine, or, in the language of a French wit, as "theory founded upon a phantasy?"

It is difficult for man to discover the truth; and often, alas! more difficult for him to recognize it after it has been discovered.

To sum up: The modes or methods of studying the patient, of analyzing the disease, of selecting the remedy, and of applying it to the particular case, are so much more thorough and scientific in the Homœopathic than in the Allopathic school, that the superior success of the one, when compared with the other, can always be made, under proper conditions, the subject of mathematical demonstration.

Nothing whatever has been said of the doses in which our remedies are given, because, in the first place, the Homœopathic *principle* is independent of the *dose*, and because, in the second place, the efficacy of small doses can never be determined by argumentation, but only by experiment.

So much for Homœopathy proper—Homœopathy pure—the triumphant reform of the present age, the surely predominant medicine of the future. So much for the points in which the schools differ. Is there nothing in which they agree? Is there no neutral ground on which they both stand? Is Allopathy only curative by means of the little Homœopathic leaven its practice contains? Has it no curative element of its own?

Let us concede to the Allopathic school everything which it fairly deserves. Let us acknowledge that the Homœopathic law is not applicable to all cases of disease, and does not cover or comprehend every means of cure. There are conditions, modes, and processes of cure which do not rise to the dignity and universality of law, and yet which, in the present imperfect state of our knowledge, are of unquestionable value. We have discovered, and we utilize every day, *one* great law of cure. However extensive its range and glorious its results, let us not

rashly affirm that it is the *sole* law of cure. When we consider the immensity and the profundity of nature, and the small ratio which the discovered bears to the undiscovered, we ought to be ashamed to harbor the thought that we have attained the *ultima thule* of medical discovery.

Conceding, then, that there are certain unquestionable means and instruments of cure outside of and irreducible to the Homœopathic law, what is the professed Homœopathic physician to do about it? Is he to use them or not?

Here arises a question, not only of utility, but of ethics and morals. Some people suppose that a physician professing belief in the Homœopathic law, is obliged to *limit* his practice strictly to the application of that law. He is not to administer a purgative, or to give an opiate, or to prescribe *Quinine*, or to recommend a mineral water under any circumstances, without in some way incurring the suspicion of sailing under false colors, of having deserted his creed and betrayed his principles.

To those who cannot rise above the mere partisan spirit of cliques and schools, this may seem to be righteous judgment. The man, however, who is loyal only to nature and to truth, regards such restrictions as sheer impertinence, and claims everything which *cures*, be the process explainable or not, as inalienably his own. He is astonished at the blindness and bigotry of the magnates of the old school, who permit the grandest treasures of the curative art to lie unrecognized before them. He sets them a nobler example. He cultivates assiduously his own special field of science, but if he finds any residuum of truth or usefulness in Allopathy, or any other system, he asks no man's permission to use it; but, acknowledging its source, appropriates it by a divine right as the legitimate property of every healer of the sick.

Such are the men who have done the most to advance the healing art, and who have thrown the sword of truth into the scale of Homœopathy. Such men are the safest and most successful practitioners. These men have achieved our statistical victories. The exclusivists, the dogmatists, the illiberals of both schools, are deficient in the broadest culture, are biased in judgment, conceited in opinion, and unreliable in practice.

The Homœopathic physician, according to my conception of his character and obligations, is a physician in the highest and noblest sense of the word. He accepts the designation of Homœopath, not because Homœopathy includes the whole science of medicine, but because it *does* include the best and the most useful part of it, and because he is so deeply convinced of its truth, that if men *will* absurdly divide into cliques and parties on matters of opinion, he is ready to range himself on its side and to fight under its banner. But he is a physician first and a Homœopath afterward. He is an earnest and humble student and disciple of nature, drawing from her infinite laboratory the principles and the instruments of his art. In the majestic presence of that mighty mother of men and things, he disdains the littleness of sect and the dictations of party. He floats the free flag of science, with his beloved Homœopathy in the central field, and room for every good thing in the borders.

SANGUINARIA CAN. IN RHEUMATISM.

Patient complained of the following symptoms:

A sensation of coldness in the body and right arm, which no amount of clothing could remove; swelling of the right arm between the shoulder and elbow joint; complete inability to raise the arm from the lap, although lateral motion could be made; tenderness and soreness of the right trapezius and deltoid muscles; had been subject to rheumatism some years previous. Prescribed *Sang. can.* 200, two powders, one of which was taken in my office, the other to be dissolved in a half glass of water, four hours later, a tablespoonful to be taken every three hours until relieved. Saw her next day at 5 P. M., much better, could raise the arm nearly to the shoulder, tenderness and soreness disappearing. Stopped the medicine. March 5th she called to say she resumed her duties as bookkeeper the day following my visit, almost entirely relieved.

The prescription was made from reading the following article in the *Hahnemannian Monthly* for February, by Dr. McClatchey, of Philadelphia, on the subject, though he does not state what potency he used.

ST. LOUIS, Mo.

C. H. GOODMAN.

SANGUINARIA CAN. IN RHEUMATISM OF THE SHOULDER.

I am under the impression that I have before called attention to the use of *Sang. can.* in muscular rheumatism of the shoulder. In a proving by a medical student, now in my possession, the symptoms of muscular pains in and about the shoulder-joints, and especially in the deltoid muscles were most marked. This led me to the use of blood root in cases with similar symptoms and with very prompt curative results. During the past damp fall we have had an unusual number of rheumatic cases to treat, and among the most unpleasant of these were cases in which the pains were confined to the shoulder, the shoulder-cap, and the cervical region. The neck was stiff and pained greatly on movement; the trapezius was sore under pressure and painful at every movement of the head or shoulder; the deltoid and biceps were very tender on pressure, and so sensitive by use that it was impossible to raise the arm from the side. These cases, in my hands, were very promptly relieved by *Sang. can.*

The following very recent case will illustrate: Yesterday I was called to see Eliza D., a young lady of rheumatic tendency, who suffered from the above mentioned symptoms. Her right arm hung at her side or lay on her lap, as helpless as though there had been a fracture of the humerus. She could not raise it an inch without assistance from the other hand. I gave her *Sang. can.*, ten drops in a half tumblerful of water, to take a teaspoonful every three hours. I called to see her this afternoon, and found her braiding her hair before a glass, using both hands, the pain and soreness and inability to move the arm having gradually abated from the first dose, until entirely removed. This is but a representative case.—*R. J. McClatchey in Hahnemannian Monthly.*

DISCUSSION ON DIPHTHERIA. ETU.

BY THE HOMŒOPATHIC MEDICAL SOCIETY OF NORTHWESTERN PENNSYLVANIA.

The annual meeting of this Association was held in Erie, at the office of Dr. M. A. B. Woods, on Tuesday, January 12th. The following were elected to the various offices: President, Dr. W. James Blakely, of Erie; Vice President, Dr. M. A. B. Woods, of Erie; Secretary and Treasurer, Dr. J. G. Gilchrist, of Tidioute; Censors, Drs. Whitely, of Oil City; Dunning, of Corry; and Dunn, of Titusville.

The following committees were appointed: *Materia Medica and Practice*, Drs. Blakely and Woods; *Obstetrics*, Drs. Dunning and Whitely; *Pathology*, Drs. Stoneroad and Jackson; *Surgery*, Drs. Gilchrist and Bearby.

THE COMMITTEE ON PRACTICE

reported upon the subject of diphtheria, and in the discussion which followed, views were freely interchanged, from which it appeared that the members had been generally successful in the treatment of this disease. Dr. Gilchrist stated that the subject of diphtheria was just now receiving a good deal of attention from the secular press, and that, from lack of proper information, very incorrect ideas of the nature and character of the disease were being disseminated, therefore he desired to offer the following resolution, which was adopted, as expressing the views of the society upon the subject, and as proved by the most recent and scientific investigation.:

Resolved, That the practice of treating the diphtheritic membrane as the disease *in se*, is contrary to its true pathology, it is treating the effect for the cause. That the membrane is an excretion and not a deposit from without.

A CURIOUS ANOMALY

was then introduced by Dr. Blakely, in the person of a colored man of wonderful muscular development, who claimed the possession of certain very remarkable powers, viz: the displacement of the heart into either hypocondrium; the absolute power of controlling the action of heart, of suspending its pulsations, of suspending the pulsations of the radial artery of one or both sides, and of the carotids. He also claimed to possess a supernumerary set of ribs with sternum, and power to place the same over the abdominal viscera at will. His exhibition was certainly novel though not entirely inexplicable.

The committee on obstetrics reported a number of cases, which excited discussion and elicited some interesting information.

The committee on surgery reported a number of cases illustrating the superiority of the Homœopathic over the other methods of treatment in the management of surgical diseases. Dr. Gilchrist, from the committee, read a paper upon the "Diagnosis and Treatment of Bone Tumors."

After some discussion on pathological points, the society adjourned to meet in Linesville, Crawford county, on the second Tuesday in May, 1875.

BOVISTA IN URTICARIA.

BY DR. AEGIDI — TRANSLATED BY DR. KNERR.

Carl Meißner, a fisherman, aged thirty-eight, contracted sciatica from getting wet in a storm. Domestic remedies and Allopathic treatment applied for two weeks were of no avail. By the advice of his neighbors he made an application of tar to the diseased limb, which relieved the severe, tearing pain in about two weeks. Soon after a disturbance of the digestive organs set in, which was followed by a nettle rash extending all over the body. This was treated for several weeks by various outward applications, and *Glauber salts* internally, but without relief. When I saw the patient for the first time he was among a large number of other patients in my office, but attracted my attention on account of his nettlerash, which had come to the surface more than usual by means of a long ride over a rough road; and as I feared it might disappear during rest, I turned my attention first to him. The urticaria was in full efflorescence, covering nearly the whole body, some of the blotches being nearly two inches in diameter. The patient asserted that he had never had a similar eruption, and stoutly maintained that it was caused by the application of tar, for it had first appeared on those places where he had applied the tar, and thence spread over the whole body. The thigh which had been afflicted by the rheumatism was now painless, but in a condition of paresis and muscular atrophy. Physical examination of the chest and abdomen revealed no abnormal condition; the eyelids were inflamed, as were also the gums, which bled easily; the lips were cracked, and in some places blistered; appetite poor; pressure in the stomach; nightly rest disturbed by the burning and itching of the eruption; frequent attacks of diarrhoea. The patient received several doses of *Rhus tox.* 3, to be taken in water, a tablespoonful morning and evening, and was told to return again in four weeks. At the end of that time the affected limb had improved considerably; he could move it more readily, and the pressure in the stomach had abated, but the urticaria remained the same. When a remedy like *Rhus tox.*, apparently well indicated, fails to do its work, it becomes necessary to individualize more closely if we would save time and vexation. Hahnemann's rules, if carefully followed, will seldom leave us in the lurch if we do not shun the trouble of consulting our *Materia Medica*, and individualizing, which does not at all interfere with an exact diagnosis, and will abundantly reward time and research by a more speedy cure.

As no physical disease can exist without affecting both mind and mood, and as these not unfrequently characterize the disease, it is evident that in making choice of a remedy we should regard them in preference, and often be governed by them altogether. In the case before us this procedure again proved itself correct. The road to the remedy might have been a long and circuitous one had not the characteristic mental symptoms led to the choice of the remedy. They were as follows: Ill-humor, moroseness, irritability, sensitiveness, great excitability, takes everything amiss, aversion to all things, quarrelsome

and contentious, stares vacantly into space, awkwardness, which makes him drop things, absence of mind and difficulty in fixing his attention. If, in addition to the mental symptoms, we compare rheumatic lameness, the urticaria, disposition to diarrhœa, each evacuation being followed by tenesmus, scorbutic gums, inflammation of the eyelids and nightly agglutination, the morning sweat in bed, etc., our choice must fall on *Bovista*, which, by a speedy and permanent cure, proved itself the specific Homœopathic remedy.

CEREBRO-SPINAL MENINGITIS CURED BY ARSENICUM.

Elkton, a small town in the southwestern part of Washington county, with a population of about three hundred, has proved itself to be a real hot-bed for spotted fever. The first epidemic raged there in 1861, and the second in the spring of 1873. I have been informed that the disease made its appearance in the same house both times. The family occupying this house in 1873 consisted of the parents and six children. Of the latter all died except the babe, which recovered with the loss of sight.

The whole number attacked during both epidemics may be about eighty. The physician residing there says that not more than six recovered, and that these few would be better off if they had died.

The subject of this report is a little girl aged nine years, who, previous to my being called, was treated by the resident Allopath. At his last visit he had in consultation his former preceptor, who gave a very unfavorable prognosis. As I am reporting from memory, the symptoms cannot all be given; neither do I recollect what remedies were prescribed. Nor is it the object to give all the particulars, but to impress on the minds of my younger brethren an important mental symptom of *Arsenic*. Suffice it to state that she had the usual pain in the neck, which was blistered; that she could not bear the least motion; that her intellectual faculties were not much affected; and that she had neither the characteristic thirst nor any other symptom which would lead me to think of *Arsenicum*, except the mental symptom to be mentioned. She was formerly of a most amiable disposition; now she was one of the most peevish and irritable patients that I had ever seen. She would scream at the top of her voice for things — such as sweet potatoes, which could not be had. *If any one approached and spoke to her she screamed, "Go away! you kill me! you kill me!" And when the attendants wanted to go out she hallooed, "Don't go out! don't go off!"* Thus she lingered on for about two weeks, improving very little, when one night a messenger came who said she was vomiting and purging, and that she was much worse. I sent *Ars.*, promising to visit the child next day. On my arrival the uncle of the child told me that he had selected *Ars.* from Laurie and McClatchey's Domestic Physician, which relieved the vomiting and purging at once. I must state that she vomited after drinking, which made a plain *Ars.* case of it.

From this time she recovered rapidly not only her general good health, but also her former amiable disposition was perfectly restored. I took the above-mentioned book, turned to the *Materia Medica* part, where I found the above-named group of mental symptoms; and as they can not be found in any other book of my acquaintance, I quote: "The patient will not permit any one to speak to him, neither will he permit the attendants to leave the room." There is no doubt that *Ars.* was indicated from the beginning, but I could not see it, and it is doubtful whether many others would have done better. We know that dread of solitude is a symptom belonging to *Ars.*, but her unwillingness to let attendants go out did not seem to express fear of being alone, but it seemed rather to be an expression of peevishness. "Does not want to be spoken to," is given in Allen's Encyclopædia, but not starred. The probability is that if *Ars.* had been demanded by the development into an *Arsenic* case, she would have gradually recovered with the loss of amiability. May not *Ars.* be a good remedy for other cases having partially thus recovered?

NASHVILLE, Ill.

C. BERNREUTER.

DISCUSSION ON PREVAILING DISEASES.

BY THE CHICAGO ACADEMY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

TREMONT HOUSE, March 11, 1875.

In the absence of the president, Dr. E. M. P. Ludlam was called to the chair.

Having been called on, Dr. T. C. Duncan stated that about a week since he had met many cases of angina, commencing on the left side. One particular case resulted in severe inflammatory rheumatism. He first thought of *Lachesis* for left side troubles, but found *Merc. iod.* to be more fully indicated, *Merc. biniod.* being for the right side. At present measles are more prevalent, and an eruption which resembles measles very much, but disappears in about twenty-four hours. He remarked that he had had a new experience in cases of colic and diarrhoea in children. Had given *Cham.*, but it invariably left an obstinate constipation. *Hepar* would control the diarrhoea; *Bell.* would relieve the colic and diarrhoea, and would not leave the constipation.

Dr. G. D. Beebe asked if there was much flatulence? If there was it would suggest *Asa foetida*.

Dr. E. M. P. Ludlam wished to know what potency of the *Cham.* was used, and if the different potencies produced the same result?

Dr. Duncan—The higher the potency, the more obstinate the constipation produced.

Dr. L. Dodge—What has been found useful for the prevalent influenza with acrid and profuse discharge from the nose? I have found nothing that would relieve but *Quinine*.

Dr. Duncan would think of *Ars.*

Dr. J. Keck, of Barrington, Ill., being present, was requested to participate in the deliberations, and to state what he was meeting in practice.

He said he had several cases of pneumonia accompanied with gastric trouble, which *Merc.* promptly relieved. When a typhoid condition threatened, *Rhus.* was the remedy.

VOMITING IN PREGNANCY.

A peculiar case of a lady in the last weeks of pregnancy, who for about ten days had been vomiting large quantities of yellowish-green matter; she also had severe burning in the stomach. Gave *Ars.*, which changed the color to black and relieved the burning in the stomach. After three or four days, however, she began to get worse, with tenderness along the spine; she could not sleep, and was miserable indeed. Gave *Ars.*, *Lyc.*, *Bry.*, etc., without relief. As a *dernier resort* I applied a dry cup over the stomach, which afforded immediate relief. She was taking *Nux* at the time. Within forty-eight hours she was delivered of a large male child, and made a good recovery.

Dr. N. F. Cooke — I would hesitate to claim any remedy as curative that relieved forty-eight hours before delivery. What were the indications for the cupping?

Dr. Keck — I thought it would relieve the pressure.

Dr. Dal — Case, lady in the fourth month of pregnancy; vomited a black and yellow fluid. I could not relieve her. I stopped it for two hours with *Morphine*, but it returned and continued until the woman miscarried.

Dr. Stout — I relieved one case with *Lycopodium*.

Dr. Mills — *Oxalate of cerium* cured one case of continued nausea and violent vomiting.

Dr. Tooker — Ice ought to relieve some of these cases. I have used the Faradic current with success.

Dr. Stout — Do you think it would relieve all such cases?

Dr. Tooker — It will only cure where it is indicated, as other remedies do.

Dr. Mills — A lady had cardialgia. Her body was entirely stiffened; the pain was so very violent; it came on slowly, and passed off slowly. It was brought on by over-work. I have relieved her twice with *Lachesis*.

Dr. G. D. Beebe — Pain coming on slowly and passing off slowly calls for *Stannum*. I would, however, think of the cause.

MEASLES AND SCARLET FEVER.

Dr. E. M. P. Ludlam — I had a singular case in a child. Measles appeared the third day after an attack of scarlet fever had disappeared. The sore throat ran through both diseases, leaving a slight swelling after the measles. I never knew of these two diseases being in the system at the same time.

Dr. Mills — Are all the cases of rash we have had this winter measles, or are some cases genuine and others hybrid?

Dr. Duncan — I have had some cases of roseola; others did not seem to be fully-developed measles.

Dr. Beebe — Had a case of severe bronchial catarrh, with beginning crepitus, which might suggest effusion. He had no coryza of the nose and eyes, with slight conjunctival injection. In twelve hours he was covered with an eruption of measles.

Dr. Duncan — Had one case of measles with some bronchial catarrh. In another case the manifestation was chiefly a severe diarrhœa, which was hard to control. All other symptoms were very mild.

Dr. Cooke — I had just such a case as Dr. Beebe's, but the next day after it was discharged it broke out with measles.

Dr. Ludlam — Had a patient who had measles twice.

Dr. Mills — A case had a second attack, but there was no coryza.

Dr. Tooker — Had a case that had genuine measles right through, having had them four years before.

VACCINE VIRUS INCUBATION.

Dr. Cooke — What is the experience regarding the latency of vaccine? Had a case which was vaccinated with one remove; it ran ten days before it worked.

Drs. Stout and Duncan said they had had cases run eight days when cow-pox had been used.

Dr. Keck — Vaccinated many cases two years ago, many of which run eight days before working.

Dr. Ludlam — Has any member ever dissolved the vaccine in glycerine. I have known it to be done, with the most injurious results.

A Committee on Public Health was appointed by the chair, as follows:

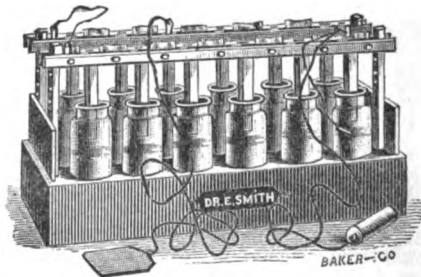
South Division — T. S. Mitchell, M. D., G. D. Beebe, M. D., W. Danforth, M. D.

West Division.— T. C. Duncan, M. D., G. E. Shipman, M. D., A. W. Woodward, M. D.

North Division —L. C. Grosvenor, M. D., S. P. Hedges, M. D., R. N. Tooker, M. D.

Suburbs — O. H. Mann, M. D., Evanston; W. S. Johnson, M. D., Hyde Park; W. R. McLaron, M. D., Oak Park.

Dr. E. Smith, of Normal, Ill., being present, having been invited to exhibit to the society his



NORMAL GALVANIC BATTERY,

said that the points worthy of special mention were :

1. In all batteries where great power is given, there is rapid decomposition of battery material that causes the accumulation of salts in the elements, which corrode the connections upon which it is deposited, and in a few months the battery is rendered useless. In the common batteries there is no provision made for the separation and proper cleaning of the different parts; their connections are so hidden from sight that it is almost impossible for any but an experienced electrician to determine the locality of any difficulty should it occur, and in such cases the manufacturers must be consulted. In the Normal Galvanic Battery these defects have been almost entirely remedied.

2. There are no screws to become corroded, weakening or breaking the connections. The connections can easily be cleaned if necessary. Every part is in full view of the operator; and if injured by accident, may be seen at once, and easily repaired. There are no hidden or complicated parts to become disarranged or disconnected.

This battery consists of zinc and carbon elements, with an exciting solution of *Bichromate potash*, 2 oz., dissolved in dilute *Sulphuric acid*. [*Sulph. ac.* 4 oz. *aqua* 1. pt.] The zincs and carbons, with their connections, are held in position and insulated from each other by means of prepared wood or hard rubber strips and metal bolts, combined in such a manner as to form a clamp and support, that may easily be taken apart for cleaning or repairs.

3. The elements may be immersed in the solution to any depth desired, thereby regulating the quantity of the current. As few of the cells can be used as desired without immersing the remainder in the solution, thereby saving battery material.

4. If any accident should occur, it can be remedied by almost any person, however unskilled in the use of tools. If a jar is broken, one can be had at any drug store or physician's office, thus saving the time and expense of sending off to a distance for a new one.

5. It can be changed for quantity or intensity as may be desired. This supplies a want among physicians; especially those who do not make electricity a specialty, or do not want to be at the expense of keeping several batteries for the different operations. Among country physicians, or those who do not have an extensive practice in surgery, a battery is needed that can be used for general treatment, and, when occasion requires, applied for cautery or the excision of tumors. This is the design of the present arrangement, and as far as it has been tried, has worked admirably.

The different rows of cells are connected at the ends by means of metal cords. Any number of cells may be used by pushing the brass piece on the conducting cord, between the connectors and the middle wooden strip, at any point you wish to make connection. Make the attachments as you desire, and if ready to operate, lower the elements a short distance into the fluid (say one-half inch), sustaining them there by means of the pins.

To Arrange the Battery for Intensity, or as Used for General Treatment.—The zinc (negative) of one cell must be connected to the carbon (positive) of the next cell throughout the series, by means of staple-shaped

pieces of metal; the batteries are arranged in this manner when sent to our customers.

To Arrange the Battery for Quantity, or as Used for Caution.— All of the zincs in each row should be connected together by means of fork-shaped metal pieces that accompany each battery. The carbons should be connected together in the same manner as the zincs.

For cauterizing, the cells should be nearly filled with new, strong fluid, and the elements let in as far as they will go; this is to get as much quantity as possible.

In conclusion, its chief points are its simplicity, portability, and its power.

Dr. Cooke asked the price of these batteries.

Dr. Smith—The twelve cell is \$28; sixteen cell \$33; twenty-four cell \$40; thirty-two cell \$50.

Dr. Smith also explained a new faradic battery, and an ingenious apparatus for inducing magnetism in the human body.

A hearty vote of thanks was given Dr. Smith for the interesting exhibition.

“KEEP THE SPOON OUT.”

DEAR EDITOR: A box of tumbler dial covers were sent to me, but I have never used them, for several reasons. I never allow a spoon of any kind to remain a moment in the tumbler after the water is medicated. I never allow a tumbler of medicine to be covered with note paper, pieces of newspaper, books, boxes, or anything excepting a clean, soft, white napkin, folded so as to lie flat, and close to the top of the tumbler. This excludes the air. The absorbent power of water is very great, and if all sorts of colored material are used for covers the medicine must be injured. Cover a tumbler with a piece of newspaper and in to hours the enclosed water will taste of printer's ink. Those who use crude medicines have the advantage over those who do not, in this respect, however for the taste of the drug overpowers all other tastes. If the spoon be left out of the tumbler, the two holes left in the patent cover ventilates the medicine too much to suit me.

NEW YORK, March 12, 1875.

A. M. PIERSONS.

HAHNEMANN'S • PROGNOSTICATION.

The last sentence in the foot-note to paragraph 149 of Hahnemann's Organon, fifth and last edition, has not been translated. Hahnemann was evidently grieved at the subterfuges of lazy doctors, who, if they had failed to submit to the difficult and sometimes very laborious task of searching out and selecting the proper Homœopathic remedy, would then dexterously call into requisition the more pliable resources of Allopathy (leeches and venesection). He then says, “Who would

honor such a light-minded and pernicious set by calling them after the name of the difficult but beneficent art, Homœopathic physicians?"

And now he prognosticates: "There awaits them a just reward, that they, once sick, be treated (cured) in like manner." And so it is.

There sickened Dr. P. Phillips, late of London; and then and there one who *professedly* practices Homœopathy has just treated him as Hahnemann prognosticated. Dr. P. suffered from what was termed congestion of the brain and lungs. *Aconite* and *Gelseminum* were administered — twenty grains of *Bromide of Potassium* every two hours — leeches were properly set, and the fly-blisters clapped on. Now Phillips is *dead*. The doctor claims to belong to us, does he? Did he treat Dr. Phillips Homœopathically? Do the Quixotic defenders of freedom of medical opinion and action still embrace in their fold the said doctor? Or, after all, was not Hahnemann all right from beginning to end?

A. LIPPE.

Gynæcological Department.

PROGRESS OF GYNÆCOLOGY.

VII. A NEW METHOD OF EXAMINING THE UTERUS AND ITS APPENDAGES. By Dr. E. NÆGGERATH, *American Medical Weekly* for March 6, 1875.

VIII. RETROFLEXIONS OF THE UTERUS. Dr. COURTNY in *Archives Generales de Medicine*, October, 1874.

IX. DIE OPERATIVE GYNÄKOLOGIE. *Mit Einschluss der Gynakologischen Untersuchungslehre*, von Dr. A. HEGAR, Prof. Ord. Pub. der Geburtshilfe, etc., and Dr. R. KALTENBACH, Prof. etc., etc. Erlangen; 1874; pp. 459.

X. MYO-FIBROID TUMORS OF THE UTERUS AND THEIR TREATMENT BY THE HYPODERMIC INJECTION OF ERGOTINE. By Prof. HILDEBRANDT. *The American Journal of Obstetrics*, etc., February, 1875.

XI. OVARIOTOMY AND THE EXPLORATORY INCISION. Dr. E. J. TILT. *The Obs. Journal of Great Britain and Ireland*, February, 1875.

XII. A REMARKABLE CASE IN GYNÆCO-LEGAL MEDICINE. Editorial in *Ibid.*

VII. Dr. Næggerath, of New York, has recently proposed a new method of examining the uterus and its appendages. It consists in dilating the urethra either by sea-tangle tents, bougies, the uterine

dilator, or the finger, and then passing the latter into the bladder so as to explore the anterior surface and the sides of the womb. He claims that this expedient may also be of use in examining the front face of the Fallopian tubes, even to their fimbriated extremities. But, in case these extremities are to be examined in this way, the uterus must be dragged down and turned one-fourth around by means of hooked forceps introduced into its cavity and held by an assistant.

All things considered, this procedure, like that of introducing the hand and arm into the rectum for diagnostic purposes, is of questionable utility. The knowledge derived from such expedients will not always compensate for the harm that may be done by them. Dr. Emmett's report on the results which may follow the forcible dilatation of the female urethra should suffice to warn us against a resort to this new wrinkle of Dr. Næggerath, unless it be in very exceptional cases.

VIII. In his report on posterior deviations of the uterus, Dr. Courty made a strong point in insisting that the etiology of retroflexion is quite as important as its symptoms. While anteflexion forms the normal curve, or nearly so, in nulliparæ, retroflexion is in this case an ordinary sequence of delivery. For straightening the womb he does not depend upon intra-uterine supports, which may be harmful, but upon a propping up of the organ for some hours two or three times a month. This he confesses, however, will not unfrequently transform a retro-flexion into a retro-version.

If it is true that delivery induces retroflexion, it explains the non-exemption of those women who have born children from dysmenorrhœa, and also suggests that we may sometimes cure this form of painful menstruation by repositing the uterus.

IX. This work purports to be a sort of universal history of Operative Gynæcology, with a descriptive sketch of all operations, manipulations, instruments, and appliances, as well as of the most approved views and methods of different operators in all countries, down to June, 1874. The book is a mine of wealth, a magnificent production, and will bring tears to the eyes of the gynæcologist who is not master of the German language.

X. We call attention to Professor Hildebrandt's remarkable essay for the purpose of giving his conclusions respecting the class of cases of uterine fibroids in which the modern use of *Ergot* has proved most successful in his hands. They are:

1. When the tumor is richly provided with muscular tissue and possesses the consistence and feel of a tense elastic cyst.
2. When the tumor is sub-mucous.
3. When the walls of the uterus are sound, capable of vigorous contraction, not too much attenuated by dilatation, or stiffened by exudation into their substance, and when there is no para- or peri-metritis present.
4. As soon as the chronic metritis and para-metritis, which frequently accompany fibroid tumors, have been removed by proper

preparatory treatment, when the previously mentioned conditions again come into force.

5. When the tumor is unprovided with a capsule and merges directly without a boundary into the peculiar tissues of the uterus, which anatomical relation of uterine fibroids may be considered most favorable to their complete cure by absorption.

XI. The literature of the "Exploratory Incision," as a final means of diagnosis in certain abdominal tumors, is very interesting, and is just now attracting the especial attention of gynæcologists. The members of the extreme surgical wing of this specialty have no such powerful opponent as the celebrated Dr. E. J. Tilt, the retiring president of the London Obstetrical Society. It appears, however, from Dr. T.'s valedictory, that as long ago as in 1850, Dr. F. Bird, of London, had had thirteen cases of ovariectomy, and had also made the exploratory incision, for the sake of settling the diagnosis, in eighteen other cases. The conclusions at which Dr. Bird arrived twenty-five years ago, and which Dr. Tilt says are substantially admitted now, were as follows:

1. That to decide whether it was judicious to perform ovariectomy, it was sometimes necessary to make a small exploratory incision.

2. That this incision was comparatively innocuous.

3. That these cases of exploratory incision should be excluded from ovariectomy statistics.

XII. The leading editorial in the current issue of this journal gives the particulars of a very remarkable case, and of a still more remarkable operation. It is one of protrusion of fifteen feet of intestines through a rent in the vagina after labor. The attending surgeon, Dr. Peacock, severed the mass, placed it in a chamber utensil, and afterwards deposited it in a privy vault at the rear of the house! The patient died two hours after the operation.

R. LUDLAM.

CHICAGO.

Obstetrical Department.

SECALE SWEAT—POST-PARTEM.

Mrs. F., aged about twenty-five years, in labor with her third child, —with intervals of a year between each—received copious doses of *Ergot.* in decoction, after several Homœopathic medicines had failed to excite uterine contraction, the head having entered the pelvis. This

also failed to produce any perceptible effect on the uterus, and delivery was safely accomplished with forceps.

As this is the only instance in which I have ever administered *Ergot.* to a parturient woman, during a practice of twenty-two years, notwithstanding the use of forceps in several cases, I am positive that the following symptoms are from the *Secale* administered as above :

Profuse perspiration, running in streams and saturating all the clothing in contact with the person; pulse rapid, full but soft; skin pale, flaccid, almost cadaverous. These continued perhaps half an hour, when they gradually subsided and the patient had a better recovery than in either of her previous confinements.

In Dr. H. Goullon's article, on page 123, of the current volume of this journal, he remarks: "We must not for a moment forget that the provings of this remedy do not show the appearance of such sweat," of course referring to clinical cases mentioned.

If this may be considered a partial proving, may we not regard it as a pathogenetic confirmation of his clinical record if allowable to reverse the customary order of our materia medica? L. B. HAWLEY.

PHENIXVILLE, Pa.

Pædological Department.

NEW EXPERIENCE REGARDING ROTHELN.

BY PROFESSOR L. THOMAS, LEIPSIK.

I have seen but a few scattered cases of this disease since the last great epidemic in the spring of 1868, yet, in the winter of 1871-2 they appeared in much greater numbers. I noticed the disease first about Christmas, in the children of a family in private practice, and the larger children had it, though, two years before, they had had the measles, at the same time I heard from other physicians too, that they had seen cases of the disease. In February, 1872, the cases became more abundant and began to appear, too, in the densely crowded population, near the District Clinic, and here, in a short time, they became very numerous. On account of the mildness of the disease, the most of the cases passed without any medical intervention, a circumstance which greatly hindered, and still hinders, the collection of a great number of observations, thus preventing the attaining of exact knowledge of the disease. On this account I can speak from the observation of

but a few cases. In spite of all efforts at the time of the visit, as well as the earnest request to the parents of the children, and those who had charge of them, to give information, at the very first appearance of any symptoms of disease, and, in spite of the greatest care on my part, a multitude of cases have escaped me, partly on account of these very efforts, because I sent the children to bed, or at least prevented their going about the streets, or forbade them to go to school, or to the play ground, *partly* on account of the long duration of the stage of incubation which led the parents to forget the above mentioned request. Hence, if what follows may claim but little importance, it may yet be not quite useless, though there still may remain questions enough to answer and points enough to establish and to examine more thoroughly.

That rotheln is contagious, hence arises, not from accidental causes, but, from a definite virus, may be newly demonstrated by the mode and method of its spread during the late epidemic. It appears very much as measles does; like this disease, it is never entirely absent from large cities; thus several sporadic cases have appeared in our midst since the great epidemic in 1868, till finally, from unknown causes, this new epidemic aggravation has made its appearance. From unknown causes—for the succession of a number of children capable of taking it can not be the only reason of its reappearance; that will by no means explain the return of the epidemic. But if the cause of rotheln, in this respect, as well as regards its spread in single families, and in the whole population, corresponds exactly to small-pox and measles, which are undeniably contagious, then rotheln also, as well as these latter must be classed among contagious diseases.

Rotheln stands in no near relation to measles or scarlatina; they are simply specific exantheas quite similar to rotheln. This last epidemic especially, is quite free from any suspicion of having arisen from the contagion of measles; up to June 1st, notwithstanding I had abundant opportunity in my clinic to observe, I have seen no case of measles, though, of late, sporadic cases have been introduced from out of town. A moderate epidemic of scarlatina, which broke out during the prevalence of measles, and which, moreover, is liable to occur at any time, slowly decreased during the continuance of the rotheln, no relation whatever between the two could be discovered.

In Ritsche's family, Max was taken sick February 10, 1872; George, February 27th; Melitta, March 3d, and no one else with rotheln. Soon after, scarlatina broke out in the family. George was taken sick March 23d; Melitta, March 26th, and Alma died with diphtheria, March 30th. Thus, two of the children had rotheln, followed immediately by scarlatina. The same children in July, 1872, were taken with measles, then prevailing. Martha Krietsch, two years and five months old, taken sick March 18th, had had scarlatina before, (Christmas, 1870,) as well as Bertha Wiese, six years and five month old, and Geo. Gehe, six years and six months old, the other children had not had scarlatina. Half of the children had had measles; about a third of them, and those by no means the youngest, had had neither measles nor scarlet fever.

From this course, so varied, it seems clear enough that no logical connection between rotheln, measles and scarlatina exists.

As regards the duration of the stage of incubation, I have but a few data. In the Ritsche family above mentioned, from seventeen to twenty-two days passed between the sickening of the first child on the one hand, and of the second and third on the other. In the same house, Clara Coswig was taken sick two days after Melitta R., hence twenty-four hours after Max R. In Krause's family the difference between the first and the two last cases was that between seventeen and twenty-one days. I have often taken occasion before to say that the actual duration of the period of incubation could not be determined, since the approach of the disease is not marked, and hence, there is nothing by which to determine its date. But nothing obliges us to assume that the rotheln breaks out (spontaneously) in those who are first taken and that other cases get it by contagion. We can duly say that the period of incubation, in several cases, has not been longer than two and half or three weeks, and that, since the two children last taken sick, were taken sick at about the same time, it is not probable that it is any shorter. That the period of incubation is tolerably definite, and varies only in narrow limits, is probable from the fact that the two Jager sisters were taken sick precisely at the same time, probably because they were both exposed at the same time, though no one knew exactly when or where, for, unless they were exposed at the same time, and unless the periods of latency were the same, the fact that two sisters sickened at the same time from some virulent cause would be very remarkable.

As a rule the exanthem was the first symptom, or among the first. Prior to this, I have never been able to discover a prodromal stage of any marked duration. As a general thing, the children slept well at night, having gone to bed quite well; on awaking, the eruption was observed with or without fever, and, in connection therewith, there were frequently catarrhal symptoms, but seldom any swelling of the lymphatic glands.

As regards the intensity of the catarrhal symptoms, these, in general, seemed to be slighter than in previous epidemics. Not till inquiry was made did we learn that there had been a little cough and sneezing, but we often heard, at the same time, that the children had had colds and coughs for quite a while. It is true that in a few cases, the intensity of these symptoms were considerable at the outbreak of the disease, but only for a very short time — just a few hours.

[TO BE CONTINUED.]

Surgical Department.

CANCER, SCROFULA, AND GRAVEL, CURABLE. WITH REMEDIES.

TO THE EDIOR OF THE UNITED STATES MEDICAL INVEIGATOR.—
Dear Sir: In the second issue of your excellent journal, I discovered a few lines calling upon me to tell how I cure cancers. In reply, I have no secrets in our common, noble profession; but, being a modest man, given to constant thought and a very extensive practice, and sixty-two years of age, I have no time to write myself into notoriety. My whole life has been given to know disease and its cure — especially to cure scrofula, cancer, and gravel, without the use of the knife or burning plasters. How well I have succeeded, the result of my practice will tell, notwithstanding the barking of the old school at my heels, and the yelping of some of our own *would-be doctors*, who are like young bumble bees — the largest when first hatched.

But as to cancer. When a little boy of five and a half years of age, I was left an orphan without a cent. I adopted the theory and practice of minding my own business and letting every one else's alone. I thought I had brains given me for some higher and grander purpose than to be a mere beneficiary of others mental labors, and therefore felt called upon to use my own brain. While a student under my honored preceptor, Professor Valentine Mott, of New York city, my attention was called to this fearful disease — cancer — by witnessing many of his beautiful operations with the knife in the exsection of those appendices, and in most cases without a cure. I began to look into their history, etiology, symptoms, special pathological, anatomy, diagnosis, prognosis, and treatment, the result of which, forced upon me the conclusion that cancer was the outgrowth of a scrofulous poison, entering into the circulation, changing the blood from a normal to an abnormal condition — the corpuscles assuming every variety of shape and size, and therefore not capable of fulfilling their ordinary purpose of nutrition.

We have but two true species of cancer: the hard and the soft; or, the scirrhus, hard, or chronic cancer, characterized by a predominance of fibrous tissue, and but few cancer cells; the second, medullray, brain, or acute soft cancer, characterized by an excess of cancerous cells. Other varieties are but modifications of these two, named from their supposed resemblance to other substances, or their location. The cancer student is only confused by the numerous varieties and sub-varieties given by different authors.

There are five grades belonging to the hard cancer, and but two belonging to the soft cancer, forming the link between the scirrhus and

medullary cancer. The *kind* of cancer depends on the soil, climate, and culture; or, in other words, on the scrofulous taint, blood, constitution, part affected, and habits of the individual. Climate and the life habits of the individual have very much to do in the development of cancer, and also the kind of cancer. If half a dozen individuals undergo the very same exposure and become sick, no two are sick alike, a disease is developed, *sui generis*, or one peculiar to the individual, constitutional tendency, and habits of life. The very same law holds good in the development of the different varieties of cancer. The Great and Wise Creator, when He built this beautiful machine that constitutes the human body, in His own image and likeness, He placed it under a pure and perfect law, the keeping of which secures to every individual uninterrupted health and happiness; but to the violation of each and every section of that pure and perfect law He placed a penalty, which is, disease, misery, and death.

In the early years of my practice, cancers were few and far between. And why? Because scrofula had not so completely contaminated the entire human family. I have been an every day student of scrofula, cancer, and gravel, for thirty-eight years, and I find that cancerous developments have only kept pace with the spread and growth of scrofula; deranging digestion, secretion, assimilation, nutrition, and excretion. Although the nerves are the great promoters of every organ to a healthy action, they must draw their supply from healthy blood. But as to the cure—the what, why, and how,—it is said, “it matters not what we believe;” but I think it matters very materially, for, as a man thinketh, so he is. If I am wrong in theory, I surely will be wrong in practice, for every consistent man *practices* what he believes to be *true*.

I believe cancer to be a scrofulous blood disease, and therefore depends upon constitutional treatment. I build up the centers of life—the nervous system—by appropriate medical agents, selected according to our great law of cure, taking into consideration the constitution, history, character, locative, and degree of malignancy of the cancer. And whatever medicine I select to prescribe inside, I use the same outside, to cancerous tumors, or infiltration. I direct nourishing food, pure air, warm clothing, and take particular care of the skin, stomach, liver, spleen, bowels, and kidneys.

The first great question that I always ask myself, is: Is this a malignant or a non-malignant disease? And I never make a prescription until I have thoroughly answered this question. But how are we to diagnose the true malignant growth, or infiltration, from the non-malignant tumors, so often mistaken for cancer? or especially the following eight: 1. Cystoids. 2. Fibroids. 3. Adenoids. 4. Osteoids. 5. Simple hypertrophe. 6. Abscess. 7. Hæmatic tumors. 8. Fatty tumors. These seem to fill up the gap between them and the true malignant cancer.

I assisted my preceptor, Professor Mott, in removing many of these, and in 1845-6, I was a hospital student of Professor U. R. Smith, of the University of Maryland, and assisted him in the removal of many of

these tumors. In both of these great men's operations the non-malignant tumors were generally successful, while nearly all the malignant tumors were fatal. I was very particular to keep statistics, and carefully watched the termination of each and every case, and I would here caution the cancer sufferer against all those hot plaster pretenders, who lie waiting to injure and plunder them.

Shall we go to the microscopical diagnoses for our information? They all differ as to their results. But because they have revealed no reliable criterion for the certain diagnosis of cancer, I don't wish to disparage the use of the microscope, but there are those who will have everything decided by applying the microscope, and that alone is science, while the use of our eyes and hands can never amount to more than a rough-and-ready sort of empiricism. All praise is due to every man for a noble effort put forth to ameliorate the suffering of their fellowmen.

The proper steps to be taken in order to master an obscure and terrible disease is, to investigate critically as large a number of cases as possible — the old adage, "practice makes perfect," — for he, who, with the usual amount of knowledge, has constantly under his observation dozens of cases, must, by training the eyes and hands, arrive at some degree of perfection in the diagnosis and treatment.

It is very necessary to keep a record of each patient's name, age, where born, residence, part affected, previous history of health, married or single, and if suckled, catamenia present or not, if complicated with any other disease, if any relation has been affected, when first attacked, if attributable to any injury. I feel conscious that I should not offer any treatment for cancer unless it shall be worth listening to, and will stand the test by being carefully used by well trained judgment.

The literature of cancer has, of late, been most prolific. They teem with fine-spun theories and beautiful colored plates. But how much have they contributed to the cure of cancer? For all wisely written theories sink into insignificance in comparison to the question: "*Can you cure my cancer?*"

The statistics of my treatment warrant me in saying that I can cure as many cases in a given number as can be cured in any other disease — all circumstances being equal.

I herewith give to the profession all my implements, that I successfully use in the treatment of cancer. But to show their individual adaptation I should have to copy from my note book each separate case and the medicine used, but for the present this is too long: *Quinæ sulph.*, *Acid sulph.*, *Acid nitric*, *Acid citric*, *Potassæ bicarb.*, *Tinct. auraulin.*, *Potassiu iodide*, *Morphiæ hydrochloræ*, *Acid carbol.*, *Potassia permang.*, *Plumbi*, *Hyoscyami*, *Fluoric acid*, *Chlorate of carbon*, *Chloride of zinc*, *Sanguinaria cana.*, *Podophyllin*, *Leptan*, *Hydrastin*, *Nux vom.*, *Iris vers.*, *Arsenous acid*, *Gum acacia*, *Acid hydroc.*, *Olsi amecgdolæ*, and *Rumex*.

These I prepare and administer with a large amount of well-cultured brain, without which every physician will ever be a mere tyro or smattering.

If the above is a satisfactory answer to your call, give it a place; if not, please return and oblige,
Your subscriber, J. GOUCHER.
RAVENNA, Ohio.

HAS CANCER ROOTS?

As you encourage friendly discussion on matters pertaining to the profession, I wish to ask Dr. A. G. Beebe, if he is not mistaken relative to his idea of cancer not having any roots. In your number 1 of the U. S. MEDICAL INVESTIGATOR, Dr. Beebe says: "No enlightened physician needs to be told these notions are abominably false, and worthy of nothing but the superstition of the dark ages. We all know that a cancer has no more roots than an apple-dumpling, etc." By referring to Samuel Cooper's first lines, page 305, we find, in speaking of scirrhus the first shape in which the disease usually presents itself, the following: "The substance, however, is not one uniform, homogeneous mass, but it is intersected by septa, or bands, the interstices of which are filled with a yellow, grey, or light-blue semi-transparent inorganic substance. These bands, or septa, often diverge as they proceed from the centre of the disease, sometimes radiating, as pathologists are fond of expressing themselves, a considerable way into the surrounding texture, so as to extend the same morbid action to them." An adipose tumor has not any roots, and if cut out will not grow again, but almost every surgeon, who has ever operated for cancer with the knife, has done so merely with the hope of arresting the disease for a time, generally expecting a recurrence. Patients suffering from cancer of the breast very seldom die of the external ulceration, but mostly from disease of the lung, which their friends put down as consumption, but which is really cancer, it having extended itself through these feelers into a more active organization and produced death. It is only by constitutional treatment that the carcinomatous diathesis can be overcome, and I hope the day is dawning when Homeopathy will divulge the remedy, be it *Lapis albus*, or *Carbolic acid*, or whatever it may be that will successfully combat this dire affliction. R. W. NELSON.

LANSING, Mich., Feb. 10, 1875.

CANCER HAS NO ROOTS.

In the passage above quoted it is clear I made an error. The error, however, was not in *pathology*, but in stating that no enlightened physician needs to be disabused of the idea that cancers have *roots*.

Inasmuch as it appears that this was a mistake, I desire to refer briefly to a few points in this communication. Scirrhus is referred to as "the first shape in which the disease usually presents itself." If by this it is intended to convey the idea that scirrhus is only one *stage* of the disease called *cancer*, and that this may pass into some other form, as encephaloid or what not, I beg leave to dissent. I believe there is no ground for supposing that the different forms of cancer are in any sense convertible, or that cancer commencing as scirrhus ever changes into anything else. In reference to the quotation from Samuel Cooper, I would say in the first place, that I presume our writer would hardly claim Cooper as an authority at the *present time* on questions of pathol-

ogy, even if he had been considered so at the time he wrote, (1807, or earlier).

The only point upon which this quotation would not agree with the present development of science is contained in the last clause: "It is of course true that a cancerous tumor is composed of a fibrous stroma, the trabeculae of which inclose more or less irregular spaces which contain the cellular substance."

That this fibrous stroma is in any sense malignant in itself, or that it is a neoplasm or new formation, is *not* by any means *proven*. This view was held by the older pathologists as *probable*, and is still to a certain extent an open question, although the best and most modern of pathologists consider the *cellular matter* as the *only* essential and malignant element in the diseased mass.

According to the best authorities the fibrous stroma is only the remains of the normal tissues, especially of the connective tissue of the part, the interspaces of which have been distended by the infiltration or development within them of the cancer cells. Accordingly, as we should expect, the fibrous tissue within the diseased mass is continuous with the fibrous tissues of the surrounding, or, as yet, healthy parts.

That these fibrous bands *originate* at the center of the disease and radiate outward into the "surrounding textures so as to extend the same morbid action to them," is *not, in any sense, true*. There is no evidence that the fibrous tissue has any malignancy or any power to propagate or extend the disease. On the contrary its tendency is to confine and limit the cellular infiltration. No doubt this infiltration is often irregular in its outline, pushing out most readily in those directions where it encounters least resistance, but only so as to become somewhat nodular and never enough to give any color to the notion of *roots*. All surgeons understand the necessity of cutting somewhat wide of the disease, especially in the infiltrating form.

As the doctor intimates, the lungs are often affected, in the more advanced stages, by cancerous deposits but the disease is not propagated directly through the chest walls by means of these "feelers," but rather through the medium of the lymphatic and venous circulation. In support of the views here expressed, as well as more fully showing the opinion of authorities on this subject, I would refer the doctor to the following pathologists and surgeons, from several of whom (would space permit) I should be pleased to quote.

Pathology.—Billroth, Rindfleisch, Paget, and Virchow.

Surgery.—Samuel Cooper, (Surgical Dictionary), Gross, Erichsen, Hamilton, Bryant, Gant, Druitt, Ashhurst, Pirrie, Syme, also Marsden on cancer.

Appropos of this paper of mine referred to by Dr. Nelson, and in view of some remarks recently published purporting to have been made in the discussion at the time it was read, I wish only to say that I have never claimed any merit regarding the internal use of *Carbolic acid* in cancer. That practice was first introduced to the profession, I believe, by some New York surgeon, I am not now sure who. What I did and

do assert is, that, to the best of my knowledge, I was the first to advance the theory (about six years ago,) that cancer is primarily due, not to a blood poisoning, but to a depreciation of the organic vitality of the part, or of the system at large, or of both, and hence is rather neural in its origin.

ALBERT G. BEEBE.

CHICAGO.

GENERAL EMPHYSEMA FROM RUPTURE OF THE TRACHEA — RECOVERY.

February 22, Eddie K., aged 7, at noon, while riding down a hill on a sledge, or sled, ran against the end of a plank, striking him in the neck below the cricoid cartilage, rupturing three rings of the trachea. He immediately began to spit blood, and at the same time emphysema began to take place in the left side of the neck, gradually increasing, and within the space of half an hour he was emphysematous over the whole body. The face was swollen so that he could not see. He measured about three feet and seven inches around the body. In about four hours after the accident he vomited up the contents of the stomach, with some blood. He could not speak.

A young Allopathic doctor happened to see the accident, and went to see him. The father was sent for, and the doctor told him that there would have to be an operation of tracheotomy performed, as it was the only resort. I, being the family physician, was telegraphed for, and instructed to bring my instruments. I did so, and examined the boy, gave an unfavorable prognosis of the case, and said that an operation would not save the patient, as the emphysema was too great, and the rupture was too low down (just over and close to the sternum). There were no marks of an injury externally except a purplish discoloration of the skin. I also gave the opinion that if the hæmorrhage could be stopped, and inflammation kept down as much as possible, he might have a better chance of recovery than to operate. My Allopathic friend asked how I could do it? I replied, by internal and external treatment. He said I could not do it, nor any other doctor living. I said that under Homœopathic treatment it could be done. He said that I was talking foolish, and if it was foreordained that the boy would die I could do nothing in the case; and if he was to recover, it was foreordained that he should, notwithstanding my treatment.

The father of the boy gave the case into my hands, and told me to do the best I could.

In order to satisfy myself, as well as the family, in regard to the case, I had Dr. Chantler, of Alleghany City, Pa., to consult with me, and he said that an operation was unfavorable. He advised me to keep down the inflammatory condition that would arise. I gave *Arnica* 3 internally, banded the body, punctured the scalp to let out the air, and applied arnicated water to the neck. The pulse ran up to 170. At 4 P. M. he vomited again, but no blood. A hard, dry cough set in, which

made him worse. 1 gave *Aconite* 3 every half hour. In two hours the pulse fell to 140; emphysema the same. At midnight the pulse was 92, with delirium. I gave *Bell.*, one dose. Shortly after he fell asleep. The pulse then was 84. Respiration before was laborious, but was now easier and regular.

February 23, 7 o'clock A. M.—Same as last night; skin cold; pulse 90; emphysema increasing; vomiting has set in again, but no blood. I gave *Bell.* every half hour. At 2 P. M. pulse 100; at 4 P. M. 140, full, and bounding; throat does not pain him, only when touching it; severe aching pains in the lower part of the bowels. I applied the bandage tighter, which gave relief; no appetite. At 10 o'clock P. M. the pulse was 160, with delirium. Gave *Bell.* 3.

February 24.—Much better; delirium gone; pulse 120; emphysema decreasing; no soreness of the throat, only on pressure; appetite improving; no thirst; had a natural movement of the bowels; pain in the bowels gone. Gave *Bell.* 3.

February 25.—Still improving. Emphysema disappearing rapidly; pulse 100; can talk a little to-day; cough very loose, with pus-like sputa, which he says he can feel coming from the sore place; appetite good; trachea still painful to the touch. Gave one dose of *Phos.* 3.

February 26.—Emphysema almost gone; slept well all night. Gave *Phos.*

February 28. Nearly well; cough still troubles him. Gave *Phos.* 3.

March 2.—Quite playful, and no suffering.

March 6.—Discharged, well.

TARENTUM, Pa., March 10, 1875.

C. H. Lee.

SOME SURGICAL NOTES.

Subjoined I give you a continuation from page 246 of "Surgical Notes from Professor Naussbaum's Surgical Clinic, Munich.

IX. *Alcohol* combined with *Carbolic acid*, in the proportion of 5 to 20 per cent of the latter, is an excellent remedy for injections in wounds attending complicated fractures, preventing, as it does, the formation of a gray layer and microscopic fungi on the surface of the injury, directly afterward lint is to be applied, drenched with a liquid of 2 to 5 per cent of *Carbolic acid* and *Aqua*.

X. In injuries of the knee joint, where ankylosis is expected to result, the cure is to be performed in a somewhat bent position of the leg, as the patient can walk easier with his leg a little bent than with a perfectly straight one. In cases of a *brisement force* (forced breaking), the knee-joint must always be flexed first, before it is straightened, else the *arteria poplitæa* might be torn during the attempt, the hinderance to be overcome being at times rather hard and indurated, which first would not yield at all, then it may give way all at once to force, and thus break the artery.

XI. Where a drainage tube is carried through muscles, it is often-

times so much compressed that it passes none of the liquid. To obviate such an incident, a tube of elastic metal that has been invented in England should be used.

XII. Drainage tubes should not be applied where bad results are to be feared from a counter opening.

XIII. Extirpation of indurated glands on the neck is a very dangerous operation, considering its results as pyæmia and violation of important blood vessels and nerves, which is attended in some cases with erysipelas, lymphangitis, phlebitis, pyæmia, and exitus letalis. This accident is surely prevented by cutting the tumor in two and scratching it out by means of a teaspoon or a similar instrument, whereupon the swelling, ordinarily, never returns. The injury is only superficial, then, and not deep, penetrating, as in cases of a perfect extirpation, which is only necessary in a tumor cysticus where a real sac exists.

XIV. In tracheotomy it is not necessary to wait, before actually opening the trachea by the scalpel, until the bleeding is stopped, as the text-books generally prescribe. You may wait in vain for that result in some cases, where the blood is flowing from a disturbed venous circulation, which being restored again by the action of normal breathing would stop the hæmorrhage of itself. In a certain case, where Professor Nussbaum was present himself for consultation, the operator mistook the vertebræ of the spinal column for the trachea, declaring he could not find the organ in question, when Nussbaum examined and found it considerably drawn aside by an incautious assistant, who overlooked the wind-pipe, confounding it with the other soft part.

XV. During the inhalation of *Chloroform*, two incidents require an immediate interruption of the narcosis. First, a difficult breathing with a cyanotic complexion, when the forcible opening of the mouth must be carried out on the spot, by seizing the tongue with a forceps setting it right again as quick as possible, as that organ is turned upward and backward sometimes by a kind of spasm, whereby the passage of air into the larynx is obstructed entirely. This impediment having been removed, the patient would rally instanter again. The second and most dangerous incident is a perfectly pale color of the lips which signifies anæmia of the periphery of the system and an apoplectic condition of the heart. Persons of a leucophlegmatic and fatty constitution are especially liable to this fatal accident under the action of *Chloroform*.

XVI. In cases of carcinoma uteri the *Ferrum candens* is being employed at present with better success than any other remedy hitherto known. At least half a dozen red-hot irons are to be applied in succession to the part affected, (Schroeder, at Erlangen, would use even three times as many). The ichorous discharge is improved a good deal in this manner, while the general condition of the patient is also growing decidedly better, reviving again apparently, as it were, for several months. Life may thus be rendered by far more tolerable, and prolonged considerably. The *Ferrum candens* may be applied repeatedly

after about six months or so, whenever the beneficial effects of its former use have ceased.

XVII. In cases of obstinate prolapsus ani the red-hot iron is also applied with excellent effect outside and around the sphincter ani externus on no less than four spots. By this procedure the prolapsus passes away in fact pretty soon in consequence of a powerful scar contraction that ensues therefrom.

XVIII. A fistula ani never ought to be operated upon radically in persons liable to pulmonary and tuberculous consumption, because it is a fact well established by experience, that the consumptive process proceeds rapidly as soon as the cure of the fistula is completed.

SHEBOYGAN, Wis.

J. B. BRAUN.

EXTENSIVE LACERATION OF THE SCALP—RECOVERY.

Having read the case of "Extensive Laceration of the scalp" in the February 15th number of your valuable magazine, I wish to send you a case corroborating the testimony.

April 28, 1874, I was called to see a boy, aged sixteen, who had been thrown upon the sidewalk striking his head upon the edge of the curbstone, lacerating the scalp from just above the eye backwards about six inches, and tearing it off so that it hung down over the ear. Showing some symptoms of brain irritation I gave him a dose of *Bell.* 3 on his tongue, shaved the hair off around the wound, approximated the edges of the scalp, retained them in their place by adhesive plaster, applied a piece of cloth wet in a solution of *Calendula* with orders to keep it wet, left *Arnica* 3 to be taken once in three hours. This treatment continued except that the *Arnica* was not administered so often after the first twenty-four hours. The wound healed by first intention except about one-half an inch at one end, from which about ten drops of pus was pressed out on the fourth day. In two weeks the boy was out at play again.

R. L. DODGE.

PORTLAND, Mich.

SURGICAL CLINICS.

This is a handsome book, edited by P. J. Stephens, of some two hundred pages, presenting a verbatim report of the clinics of Professor Helmuth, at the New York Homeopathic Medical College, 1874-5. The cases cover a wide range of the surgical field, and are very interesting reading. To the many admirers of Dr. Helmuth, the book has additional value, from the fact of the doctors "counterfeit presentment" forming a frontispiece. We are not informed whether it is on sale or not, but presume not. Still those wishing copies (and who does not?) can probably secure them by addressing Mr. P. H. Stephens, care Professor Helmuth.

G.

ELECTROPATHIC SURGERY.

To my friend, Dr. E. A. Murphy, of New Orleans, I am indebted for the knowledge called for in treating the following case :

J. K. M., aged twenty-three. Has had urethral strictures for some eighteen months. One of them had narrowed the canal so that the smallest size cathartic (No. 2,) could not be made to pass. He had been under treatment, Eclectic, for some time, but his sufferings were unrelieved. The day before coming to me, his physician had spent an hour in endeavoring to force an entrance into the bladder, and had only succeeded in setting up considerable irritation and inflammation. The next morning not being able to find the doctor, he called upon me, almost wild with the pain from retention of urine. Knowing it would be impossible to restore him with the catheter, it suddenly occurred to me to try Dr. Murphy's plan. I had one of Wells' batteries, old-fashioned and not familiar to me, and thought I might succeed with it. A number three gum catheter was procured, the tip cut off, and the style allowed to project a little, about an eighth of an inch, this was passed down to the stricture, and the catheter connected with the negative electrode of the battery, the positive being held in the left hand. In a moment the catheter slipped into the bladder. The instrument was then withdrawn, a number eight silver catheter was then forced inside of a number ten gum-elastic one, the tip of the latter being removed. The connection was made as before, and in from fifteen to twenty minutes, the instruments had passed all the constrictions. The patient was delighted, and so was I — thanks to Dr. Murphy. G.

SURGICAL BUREAU.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: Please give a notice in your journal, of our Surgical Bureau for the coming year, which is as follows :

W. Tod Helmuth,	- - - -	Inflammations.
E. C. Franklin,	- - -	Compression and Concussion.
H. F. Biggar,	- - -	Diseases of the Prostrate.
G. A. Hall,	-	Fracture of Clavicle and Inf. Maxillary.
J. H. McClelland,	- - - -	Fracture of Femur.
J. R. Flower,	-	Fracture of Tarsal Bones and Ribs.
M. McFarland,	-	" Humerus and Acromian Process.
H. M. Jernegan,	-	Dislocation Inf. Maxillary and Compound Dislocation.
L. H. Willard	- - - -	Dislocation of the Hip.

Yours truly,

L. H. WILLARD, Chairman.

[We trust that each member of this Surgical Bureau will be ready to operate before the Institute with their usual promptness, skill, and good judgment. This bureau will not fail us.]

Materia Medica Department.

EFFECTS OF *EPILOBIUM PALUSTRE*.

BY J. S. WRIGHT, M. D., BEARDSTOWN, ILLINOIS.

Epilobium palustre (willow) grows here in abundance. December 1st I dug some of the root, chopped it in small pieces, filled a can, then poured on *Alcohol* and let it stand one week.

January 4, 1875, I took one-half ounce of this tincture, felt well and slept good.

5th — Took one ounce, no effect.

6th — Took one ounce, no effect of the remedy yet. Stopped the remedy.

7th — Felt well till 11 A. M., commenced chilling; hard chill till 12 o'clock; high fever came on with aching all over and severe headache, this lasted all night, could not sleep.

8th — Headache and fever passed off but returned in the afternoon and evening more severe, lasted all night.

9th — In the morning my throat commenced filling up, at noon I could not swallow water; the larynx was sore to pressure, swollen on the outside with hard lumps on both sides of the larynx; high fever all the time and headache.

10th — Ptyalism; breathing somewhat improved.

11th — Dull and sleepy but could not sleep, the saliva would choke me; had three loose stools.

12th — No stools; on an attempt to swallow water it would fly out of my nose. Held *Salix niger* in my mouth; face red; mouth well; urine red.

13th — Can swallow liquids.

17th — I could be up part of the time. In one week I was well. During my sickness two warts on my face came off and left no mark.

CLINICAL EXPERIENCE WITH *EPILOBIUM PALUSTRE*.

I was called to see a child three months old, March 7th, at noon, and found the child with its head turned back, face red, breathing short and quick. The mother said it had not nursed since morning, coughing frequent, crying after coughing, appeared to choke with phlegm. I ordered five drops of *Epilobium pal.*, a dose every hour in a teaspoonful of tepid water. The child could swallow but little at a time. After midnight the child swallowed better. In the morning could nurse. I gave the medicine every hour all day. Third day, appeared well except a little cough. Fourth day, well.

I prescribe *Epilobium p.* every day for colds and coughs with phlegm in the throat and with fever. It gives good satisfaction where the swallowing is interfered with.

Some future time I will give cures with *Cephalanthus acci.* and *Salix niger*.

SALIX NIGER IN GOITRE.

I cured one case of goitre in October, 1874, of a Miss, twenty years old, in eight weeks with *Salix niger*. The goitre was large — standing out as far as the chin, was heavy and caused pain when swallowing.

I gave in all sixteen ounces of the first decimal attenuation of *Salix niger*.

RUMEX CRISPUS.

On the 2d inst., I spoke of your prospectus as one scarcely possible to fill, for you promised too much. I now feel confidence in your personal capacity for just the place you are in.

January number, page 57, makes allusion to *Rumex crispus*. I had two children, aged twelve and eight respectively, whose symptoms corresponded almost precisely to the note of James A. Young, of Hopkinsville, Ky. Having no tincture, but abundance of the root in the yard, I made a decoction from the fresh root, gave a few teaspoonfuls to each that night about 8 o'clock, and no annoyance from cough followed. In the morning I gave the balance, and to-day cough is gone entirely, as well as a bilious coating from their tongues. One had a morning vomiting with her cough, which has also subsided.

GRASS VALLEY, Cal., Feb. 5, 1875.

J. S. COOMBS.

GOOSEBERRIES FOR TAPE-WORM.

Mary H., aged six years, ate quite heartily of gooseberries at dinner, and the next morning discharged a tape-worm, which came from her in pieces, from two to four inches in length. The child had been subject to ascarides and had been in delicate health, but had taken no medicine for some time previous to the expulsion of the worm.

Query — Did the gooseberries destroy the worm, or did its death and expulsion originate from some other cause?

D. PITTMAN.

QUINCY, Iowa.

Book Department.

TREATMENT OF PLEURISY.

ON THE TREATMENT OF PLURISY, with an appendix of cases, showing the value of combinations of *Croton oil*, *Ether* and *Iodine*, as counter irritants in other diseases. By JOHN W. CARSON, M. D., late physician to the class of Diseases of the Chest and Throat, in the

New York and Eastern Dispensaries, etc. Fifty cents; 16mo; pp. 32; New York: Wm. Wood & Co.; Chicago: Jansen, McClurg & Co.

This brochure indicates the progress of our regular friends in the treatment of pleurisy. Arterial sedatives and dry heat externally is preferred to blood-letting. The mortality is a half per cent. Did any of our readers ever lose a case of pleurisy? We believe if this progressive physician would try *Bryonia* 3, instead of his *Croton oil-Iodine-Ether* paint, he would report a still more wonderful result. One interesting thing in this work is the plea for "pleasant medicines." Try little pills medicated with *Aconite* 3, or *Bryonia*, and the result will be a more rapid recovery than "six weeks." We find here a very valuable plan for auscultating the posterior portion of the chest is illustrated: To separate the scapulæ he causes the patient to *grasp the opposite shoulder*. To get at the lower infra-scapulæ region, he causes the patient to fold the arms *behind the head*. The work will pay perusal.

THE HISTOLOGY AND HISTO-CHEMISTRY OF MAN. A treatise on the Elements of Composition and Structure of the Human Body. By HEINRICH FREY, Professor of Medicine in Zurich. Translated from the Fourth German Edition by ARTHUR, E. J. PARKER, Surgeon to the City of Dublin Hospital, etc.; and revised by the author, with six hundred and eight engravings on wood. \$5; pp. 683. New York: D. Appleton & Co. Chicago: W. B. Keene, Cooke & Co.

This work has a great reputation in Germany, and has run through four editions. Prof. Max Shultze, one of the fathers of histology, called it "the best work of its kind." It is most plain and methodical, and at the same time thoroughly scientific. It is arranged in three parts.

Part I. treats of: *First*, the elements of composition of the body, viz.: (a) Albuminous or protein compounds, (b) hæmoglobin, (c) albuminoids, (d) fatty acids, (e) carbohydrate, (f) non-nitrogenous acids, (g) nitrogenous acids, (h) amides, (i) animal coloring matters, (k) cyanogen compounds, and (l) mineral constituents. *Second*, elements of structure, viz.: (a) the cell, and (b) the origin of the runaway elements of tissue.

Part II. deals with the Tissues of the Body: (a) tissues composed of simple cells with fluid intermediate substance, (b) tissues composed of simple cells, with a small amount of intermediate substance, (c) tissues belonging to the connective substance group, (d) tissues composed of transformed, and as a rule cohering cells, with homogeneous, scanty and more or less solid intermediate substance, and (e) composite tissues.

Part III., the organs of the body: (a) organs of the vegetable type, and (b) organs of the animal group.

We do not know of a better work to give one most ignorant of histology a good idea of the microscopic elements and component parts of the tissues and organs of the human body. To such we would advise to read the engravings and explanations first, and then to read the text. Some may prefer to reverse the order of the book and dissect Part III., the organs, first; then Part II., the tissues; and then Part I., the elements. This is the most practical way to study—reasoning from

effects to causes. Some double minds who love to compare causes and effects may prefer to study tissues (Part II.) first, and read both ways.

This work should be possessed and studied by every medical man. The publishers have maintained their reputation of presenting first-class works to the medical world.

Medical News.

The New York Homœopathic Medical College.—Quite a large audience assembled at Association Hall, at Twenty-third street and Fourth avenue, on the evening of February 27th, to witness the commencement exercises of the graduating class of the New York Homœopathic Medical College. The exercises were opened by prayer by Rev. Dr. Dowling, after which an introductory address was delivered by Prof. J. W. Dowling, Dean of the Faculty, in the course of which he said that at this, the sixteenth commencement of the college, the graduates already numbered several hundred, all of whom, with few exceptions, were successful practitioners, and reflected honor upon their Alma Mater. He referred to the severity of the examinations, and stated, as an evidence of their thoroughness, that several students had been rejected, who had applied for the degree of the college, from want of proficiency. He referred to the success attending the efforts of the Homœopathic Surgical Hospital, now in operation in Fifty-fourth street, of the Ophthalmic Hospital, and of the various Homœopathic dispensaries. He also referred to the new ladies' organization for establishing a hospital for the treatment of women and children. Prof. Dowling also spoke of the action of the Commissioners of Charities and Correction, in setting apart one of the buildings on Blackwell's island for a Homœopathic hospital, and said that ten members of the graduating class had volunteered their services as resident physicians for one year without salary. This action of the Commissioners of Charities and Correction, which he was sorry to say, had not as yet been indorsed by the proper authorities, was only an act of justice, for at least one-half of the taxable property of the city was owned by patrons of Homœopathy.

At the conclusion of these remarks, the ceremony of conferring degrees was performed by Salem H. Wales, President of the Board of Trustees. The following gentlemen received diplomas:

Wm. G. Hartley, N. Y.; Sam'l A. Muhleman, O.; Albert T. Piper, Me.; Henry G. Goldman, N. Y.; Thos. C. Elmendorf, N. Y.; Walter Baily, Jr., M. D., La.; Ralph Morden, Ont.; Warner F. H. O'Keefe, Pa.; Stanton L. Hall, N. Y.; William Sellek, N. J.; Jas. M. Dart, N. J.; Edward Cranch, M. D., N. Y.; Edward J. Winans, N. J.; Stephen P. Barchet, China; Walton W. French, N. Y.; Richard K. Valentine, N. Y.; Henry J. Anderson, N. J.; Chas. W. Baker, N. Y.; Chas. E. Rowell, N. H.; Alfred Wanstall, D. C.; Geo. A. Routledge, Ont.; Theodore H. Baldwin, N. J.; Arthur Beach, A. B., N. J.; Frank K.

Hill, N. Y.; Fred. W. Bradbury, R. I.; Francis A. Gile, N. H.; Martin Deschere, N. Y.; Wm. R. Townsend, N. Y.; Geo. A. Terhune, N. Y.; Minor W. Gallup, N. Y.; Perley H. Mason, N. J.; Chas. P. Saxton, N. Y.; Arthur T. Sherman, N. Y.; Harry D. Baldwin, Penn.; Arthur T. Hills, N. Y.; Richard B. Sullivan, N. Y.; Edmund L. Wyman, Vt.; Horace H. Tinker, Conn.

Mr. Wales congratulated the graduates upon their success, and gave a brief history of the advance and progress of medical science. He closed with a defense of vivisection as a method of aiding the further advancement of the knowledge so indispensable to the correct treatment of disease and the alleviation of suffering. Preliminary to the conferring of certificates upon the members of the junior class, Prof. E. S. Bradford, M. D., described the course which the students of the college take before receiving their diplomas. Forty-one members of the junior class received certificates.

The presentation of prizes next took place. The Faculty prize was awarded to Arthur Beach, A. B. Prof. Allen's prize was given to Arthur T. Hills. Prof. Burdick's prizes were awarded to Charles E. Rowell and Wm. F. Decker. Wm. G. Hartley and Charles E. Rowell were the successful competitors for Prof. Lillenthal's prizes. Prof. Helmuth's prizes for the best written report of surgical clinics, were taken by F. H. Steplins and W. F. H. O'Keefe, and Prof. Carmichael's prize for the best anatomical preparation by W. W. Blackman. E. H. Linnel was awarded the prize for excellence in physiology. The Faculty prize for general excellency in all the departments was given to Dr. Beach—a very valuable microscope. Dr. Beach is a graduate of the College of the City of New York. Appropriate remarks were made by the several professors, who were the donors of the prizes.

The valedictory address on behalf of the class was delivered by Perley H. Mason, M. D. The Faculty were represented in a valedictory address by Prof. S. Lillenthal. Prof. Lillenthal took up the defense of Homœopathy, and made an earnest plea for the establishment of hospitals to be managed by followers of that school, so that its merits might be compared with those of the Allopathic school. He closed by giving some practical advice to the graduates.

After the exercises in the hall, the faculty and members of the graduating class went to the Hotel Brunswick, where the commencement dinner was eaten. Among the prominent physicians present were T. F. Allen, J. W. Dowling, Egbert Guernsey, Wm. Helmuth, Francis E. Doughty, John Wetmore, P. E. Arcularius, Isaac Bailey, D. S. Smith of Chicago. H. N. Twombly and R. Hurry were also present.

Observations.—I am much pleased with the U. S. MEDICAL INVESTIGATOR. I think it the best medical journal extant. The fresh, healthy articles, written by members of the profession, from all parts of the country, are the most attractive features of your valuable journal.

I am especially pleased with the clinical reports, and reports of the different state and local societies. While speaking of the society reports, I will, with your permission, review the action of the Michigan Institute of Homœopathy, held at Lansing, January 12, 1875, a report of which may be found on page 163, February number, of THE INVESTIGATOR.

In regard to Dr. E. D. Burr, they say, in so many words, that individually, and collectively, they are satisfied that he is insane, and that they "verily believe him to be guilty of no crime of which he could be legally responsible," yet in the next resolution they expel him from the society and recommend him to the "mercy of the court, and especially to those in control at the Asylum for the Insane at Kalamazoo. If the Doctor is insane, as they affirm him to be, and not legally responsible for his acts, why did they expel him from the society, and thereby disgrace him professionally? If the Doctor is not insane, and therefore responsible for his acts, why recommend him to the "mercy

of the court, and especially those in control at the Asylum for the Insane at Kalamazoo?" Why did they not show mercy? Why pre-judge an insane man?

I. DEVER.

DEXTER, Mich.

Dr. W. E. Saunders.—The following resolutions of the Cleveland Academy of Medicine show the esteem of his professional brethren:

WHEREAS, By the dispensation of Divine Providence, our late brother in the medical profession, Dr. W. E. Saunders, has been suddenly taken from our midst by death, and

WHEREAS, In his departure from this life, we regretfully recognize and lament the loss of a dearly beloved friend and arduous co-worker, whose absence will be keenly felt and sincerely deplored for his many kind and social qualities, for the high order of his intellectual abilities, extensive learning and superior ability as a physician and surgeon, and

WHEREAS, This sad bereavement will be felt with greater severity by his surviving family; therefore

Resolved, That the members of the Cleveland Academy of Medicine and Surgery record with the most profound regret the death of our much admired and highly gifted fellow member.

Resolved, That we tender to the family and relatives of our lamented friend and brother our sympathy in their grief and affliction.

Resolved, That a copy of these resolutions be presented to the family of the late Dr. W. E. Saunders as an indication of our sorrow on this melancholy occasion.

Resolved, That the members of this Academy attend his funeral in a body.

The **Homœopathic World** has assumed the octavo form and copied the general style of the **UNITED STATES MEDICAL INVESTIGATOR**. The journal is enlarged and the contents improved, all of which indicates progress and success.

Dr. H. B. Cross, of Jamaica Plains, Mass., has associated with him in practice Albert H. Tomkins, M. D., a graduate of Boston University.

A condensed **Materia Medica**, Dr. Hering informs us, will be published next summer to be ready for the students in the fall.

W. H. Hoyt, M. D., has been elected city physician of Syracuse, N. Y., receiving seven out of eight votes.

J. R. Young, M. D., has been appointed city physician of Salina, N. Y.

Removals.

Dr. C. B. Currier, from Middlebury, Vt., to 134 East Eleventh street, New York City.

Dr. T. D. Wadsworth, from Chicago to South Evanston, Ill.

Dr. J. T. Rosevear, from Detroit, Mich., to Rockford, Ill.

Dr. A. McNeil, from Jeffersonville to New Albany, Ind.

Dr. J. T. G. Emery, from Tuftonboro Corner, N. H., to Springvale, Maine.

Dr. E. Kirkup, from Castroville, to Salinas City, California.

Dr. L. E. Marsh, from Greely, to Central City, Colorado.

Society Announcements.

The Chicago Academy of Homœopathic Physicians and Surgeons meets every alternate Thursday evening, in the Tremont House.

The New York County Homœopathic Medical Society meets the second Wednesday evening of the month, in the Ophthalmic Hospital.

The Philadelphia Homœopathic Medical Society meets the second Thursday evening of the month, at the college.

The Hahnemann Academy meets on the fourth Wednesday Evening of each month, at the Ophthalmic Hospital Building, corner Twenty-third street and Third avenue, New York.

THE
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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

Will our Southern brethren please give us a hint as to the characteristics of the coming summer diseases and remedies?

LIVERPOOL, N. Y., March 20.—We are having a great deal of pulmonary troubles, and more typhoid fever.

J. R. YOUNG.

DODGE CENTRE, Minn., March, 24.—Prevailing diseases typhoid fever, scarlet fever, measles, mumps, influenza, and catarrh.

J. M. SAUNDERS.

LITTLE YORK, Ill., March 25.—There has been very little sickness here this month. A few cases of ulcerated sore throat and typhoid fever.

G. H. BREED.

UNIONVILLE, Conn., March 27.—There has been a great deal of sickness with us during the winter. Typhoid fever, rheumatism, croup, and diphtheria have been the prevailing diseases.

C. L. BEACH.

LINESVILLE, Pa.—We have here a regular epidemic like the epizootic of two years ago. This gives us plenty of work. It is seldom, if ever, fatal, and easily controlled by *Acon.*, *Gels.*, *Bry.*, *Bell.*, and *Merc.*

JENNIE BEARBY.

FORT ATKINSON, Wis., March 26.—The health of this vicinity is generally good, although we have had our usual amount of sickness peculiar to the unusual cold winter; pneumonia, sore throat, diphtheria, etc.

W. M. SMITH.

WHITEHALL, N. Y., March 30.—Diphtheria is the prevailing disease here. Have used *Kali bich.* and *Bell.* with very good success, controlling fever with *Aconite*.

The first six numbers were received, and I am very much pleased with them. Must have the rest of the year.

W. S. CHENEY.

FRANKLIN, O., March 25.—Scarlet fever is epidemic. Generally of a mild form. Have treated but three cases with severe throat symptoms.

For Dr. Merryman's case, in No. 138: Case I., *Merc. viv.*; Case II., *Silicea*; Case III., *Merc. viv.*; extract offending teeth. Would like a little anatomical or any other explanation of the gymnastics of the ovaries as reported in case preceeding the above.

GEO. S. FOSTER.

DENVER, Col., March 18.—The past few weeks we have been having considerable laryngitis and bronchitis, some rheumatism and scarlatina. All the cases of the latter that have occurred in my practice, with one exception, have been of the simple form, and respond well to the indicated remedy. The one referred to was followed by articular rheumatism; controlled by *Rhus*.

J. M. WALKER.

COLUMBUS, O., March 1.—We have been very busy of late, an unusual amount of sickness prevailing. Small-pox has become almost an epidemic. The police report one hundred cases up to last Thursday. Malignant diphtheria has made its appearance in the country. I am using the *Chloride of lime* treatment, and am disposed to speak well of it; but I will not abandon the old stand-by remedies until I am quite sure the *Lime* treatment is the most efficacious.

E. C. BECKWITH.

CHICAGO, April 7.—Our first warm day was March 30. The thermometer rose to 70 degrees in the shade. The next few days had several cases of pharyngitis and cholera morbus. In the cases of pharyngitis the chief symptoms were an inflamed throat, high fever, severe pain in the muscles of limbs and back, and headache as if encircled with a band. Remedy, *Merc.* In some young subjects there was fitful, delirious sleep, calling for *Bell.*

The attacks of cholera morbus were characterized by vomiting, diarrhoea, severe abdominal pain, restlessness and thirst, all of which indicated *Arsenicum*. The relief afforded by this remedy was prompt.

T. C. DUNCAN.

SULLIVAN, Ill., March 25.—Considerable sickness here. Prevailing diseases, bronchitis, tonsillitis, and influenza, for which *Bell.* 6 and 30 was the only remedy indicated. Some rheumatism; *Rhus tox* cures every case promptly. One case of cankered sore mouth of two or three weeks' standing; mucous membrane of the mouth very pale; vomiting after coughing; *Ferrum met.* 30 cured in a few days. Homœopathy is gaining here.

J. F. SANDERS.

ALFRED CENTRE, N. Y., March 30.—I hope to take THE UNITED STATES MEDICAL INVESTIGATOR right along, as I find it full of useful hints and practical suggestions. Prevailing diseases, sore throat, pneumonias, and erysipelas. Had two cases of facial erysipelas which yielded to *Verat v.* 9 x, in alternation with *Bell.* and *Rhus.* as intercurrent remedies as indicated. The red streak in the middle of the tongue was present in the last case very marked, which indicated *Verat v.*

H. C. COON.

HONOLULU, Hawaiian Islands, March 5.—This is our wet season, and, as usual, people exposed catch cold and have slight cough, fever, etc., all of which is speedily cured by *Aconite* 3. I have also had many cases of typhoid, of the *Baptisia* type; several cases with severe diarrhœa, which *Phosphorus acid* cured speedily. About a week since the weather changed, and we had warm, southerly winds for two days, during which time I had several cases of asthma, which *Lachesis* 12 cured as by magic.

O. S. CUMMINGS.

WILKES-BARRE, Pa., March 21.—During the last thirty days pneumonia (double and single), facial neuralgia, dysentery, intermittent fevers, and a few cases of tonsillitis have comprised the list of diseases with which we have been visited. *Phos.* 2 has proved to be the March lion thus far, and has been closely indicated in all except the cases of tonsillitis, where *Baryta carb.* 6 has been prescribed with excellent results. *Phosphorus* seems to me a very seasonable remedy for March aggravations.

J. ARTHUR BULLARD.

ROCHESTER, N. Y., Feb. 15.—The report of the Health Officer for the month of January shows the largest mortality for that month in the past six years at least, and probably the largest for a score of years. One-quarter of the whole number were from scarlet fever. This disease has never raged so malignantly in this city as this winter, the percentage of deaths being far above the average. Pneumonia claimed a seventeenth part of the dead for the month, while consumption took one-eighth of the whole number. A sort of influenza with diphtheritic symptoms was epidemic during the month, but no deaths seemed to be recorded from it. Eruptive diseases, aside from scarlet fever, do not claim any victims. Our exemption from small-pox is something wonderful, and is attributed to the thorough vaccination had two years since. Stringent vaccination laws will most assuredly protect communities from the ravages of this loathesome disease.

MEDICUS, in *Medical Advance*.

COBDEN, Ill., March 18.— We are having pneumonia as the prevailing disease now. I have treated several cases with *Acon. Bry.*, and *Phos.*, without the loss of a single case (in fact, I have not lost a case of pneumonia in ten years, and have relied principally upon the above remedies), while the Good Lord has seen fit to take nine out of ten treated by the "regular" school in this place to my certain knowledge in the past two months.

THE UNITED STATES MEDICAL INVESTIGATOR is a welcome visitor. Wish it good success.

C. T. FARRELL.

KEITHSBURG, Ill., March 24.— The health through the winter has been fair to middling, although my field of operations has been varied during the past month—dysmenorrhœa, hysteria, acute hepatitis, catarrhal fever, diphtheria, influenza, laryngitis, tonsillitis, scarlatina, croup, and fracture of the femur. I had some other minor diseases of every-day occurrence. The old "Regulars" and Eclectics have lost several cases they call croup, but so far Homœopathy has come off victorious. Either through the good luck of the doctor or the kindness of Providence it has not lost a case.

C. S. HOLLINGSWORTH.

ST. MARY'S, O.— We have a large amount of sickness here this winter. Pneumonia, pleurisy, catarrhal fevers and catarrhs of the chest have been very prevalent. I have had unusual success in their treatment. "Humbug," "quack," "unscientific," and "little pills," as I have been kindly and facetiously called, still, from some cause or another our system has proved its superiority over the "learned," "intelligent," "scientific" gentlemen of the big and bitter pill persuasion. What will our patrons do when the old school doctors succeed in legislating us out of existence? The question is not distressing.

C. W. HAMISFAR.

RICHMOND, Ind., April 2.— We continue to have considerable sickness—rheumatism, pneumonia, and an unusual amount of cerebral irritation in teething children. I recently encountered two cases of rheumatic fever with general soreness and stiffness, but the chest was in an especial manner affected, in which *Cactus* proved the curative agent. A confirmed case of diphtheria, calling for *Lycopodium*, cured by two doses of the 200th given on successive days. Two cases of periodical headache beginning in the eye, both of which had been treated ten days or two weeks with large doses of *Quinine* and *Bromide of ammonia*, and other Allopathic foolishness; cured instanter with a few doses of *Spigelia* 200.

J. EMMONS.

MARYSVILLE, Cal., March 30.— No prevailing disease. Some pneumonia, chills, scarlatina, diphtheria, and rheumatism. Pneumonia is the one dreaded disease in this valley. Under Allopathic treatment the percentage of mortality is something frightful. *Bry.* 1 in water, *Phos.* 6, and *Turt. emet.* 3 tell greatly in favor of Homœopathy. Chills, here as elsewhere, must be treated according to symptoms. Old chronic

cases that have been well dosed with *Quinine* and all manner of patent nostrums until despaired of and discarded by Allopaths, are many of them cured by a single dose of *Ipecac*, *Nux*, *Arsenicum* 200, or *Sulphur* 55,000. Scarlet fever recovers well under *Bell.* 1 and *Calc. carb.* 30. Diphtheria, *Bell.* 1, *Merc. cyan.* 15, and an occasional case which *Kali bich.* 6 cures. Rheumatism, recent, *Acon.* 1, *Bry.* 1, and *Rhus* 3, according to symptoms; chronic, all improve and most are cured by *Rhus*, *Sang.*, *Arnica*, or *Sulph.*, high. If Dr. Bumstead will give his retracted nipple case *Iodide of arsen.* 3, a powder every night at bed-time for a week, and follow with *Conium mac.* 5000, and wait for its full action, he will be gratified with results.

W. C. F. HEMPSTEAD.

SAN ANTONIO, Texas, March 29.—Among our resident population there are at present no prevailing diseases, San Antonio preserving in this, as in everything else, her characteristic originality. Occasionally we have a case of catarrhal fever, yielding readily to *Acon.*, *Ars.*, or *Cham.*, and now and then a case of infantile diarrhœa, calling for *Ars. Merc.*, *Magnesia.*, or *Calc carb.* This is certainly one of the healthiest climates in the whole country, and 'tis often jocularly remarked that they have to kill a man in Western Texas when they want to start a grave-yard. A great many consumptives and over-worked merchants and professional men are seeking the beneficial influences of our delightful climate, and in nearly every instance with marked results. Our atmosphere possesses the rare and invigorating qualities of that of Colorado and Minnesota, and is minus the damp, cold, raw, almost injurious influences incident to heavy dews, long continued cold weather, and the heavy snow-fall. Our mortality ratio is less than any Western city of the size, and if our physicians had to depend on the resident practice for a livelihood, we would all be compelled to quit the profession. There are a number of good openings in Western Texas for physicians willing to do missionary work for Homeopathy, Dr. E. L. Beaumont, of this city, and myself being the only Homœopaths west of Houston and south of Austin. The system is comparatively unknown, but is meeting with favor wherever introduced; and with the large influx of immigration from the North and East, we are destined to take the lead.

C. E. FISHER.

MORAVIA, N. Y., March 19.—Prevailing diseases here for the past four months have been typhoid fever, typhoid pneumonia, measles, diphtheria, tonsillitis, and influenza. *Bapt.* or *Rhus.* 30 or 200 for typhoid fever; *Rhus.*, *Phos.*, and *Lyc.* 30 or 200 for typhoid pneumonia; *Merc. prot. iod.*, *Lach.*, *Phyto.* 200 for diphtheria. Had one case of typhoid fever in which *Ars.* and *Carbo veg.* only were indicated; 200 seemed to aggravate; gave 500 and the case improved; *Ars.* till end of second week; *Carbo v.* till re-convalescence. Case—Lady, aged thirty-two; leuco-phlegmatic temperament; in seventh month of pregnancy; had previously been well except usual symptoms incident to such a state. February 14th had headache for six hours; without other symptoms had a convulsion; before I arrived at bedside had four more, all very severe, occurring once in thirty minutes. As soon as

possible I turned the fœtus and delivered; convulsions continued until patient had seventeen. I then noted the following symptoms: short, difficult breathing, with oppression of the chest; loose cough, with rattling of much mucus, but no expectoration; much dyspneæ, and fits of suffocation; dark purple face; clonic convulsions, with great factitation of the muscles. Gave *Tart. em.* 200, six pellets in half a cup of water, teaspoonful every hour. Patient made a rapid recovery. The single remedy, the characteristic indication, and the minimum dose, act as well now as in "our master's" time. Give us less empirical prescribing and more characteristic indications *a la knrndorfer*.

Very truly,

WM. C. COOKE.

FOR THAT CASE OF EPILEPSY

Reported by Dr. Hullhunt, on page 267 of the UNITED STATES MEDICAL INVESTIGATOR, I would suggest *Hyosycamus*. It not only closely corresponds with the symptoms which belong peculiarly to the epileptic attack, but also to the eruption. Let the remedy be given in a high attenuation, say 1000, and give a dose, dry, every night at bed-time. As soon as improvement is manifest, wait. If repeated afterward, give it still higher.

PHILADELPHIA, March 24.

C. CARLETON SMITH.

A CASE OF INSANITY.

Mrs. H., a maiden lady of about forty-eight years, and past the climacteric period, of a nervous-sanguine temperament, and just convalescing from an attack of typhoid fever, became insane. It occurred immediately after the great fire in Chicago. She had been insane before, and was under the treatment of an Old School physician about a year, and afterward was treated by an Eclectic, with but little benefit. She was finally sent to her old home in the East, and finally recovered. The great fire excited her very much, and she became insane again. The world, the house, and all things were to her burned up. She warned the family to keep entirely away from the stove. She slept but little, and was very talkative. She claimed to be pregnant by the Holy Ghost. Her offspring was to be the Son of God. She imagined she was a prophet; that she was the wife of the minister. She would sit in her rocking-chair and wring her hands, and say repeatedly, "It is a sure foundation, it is a sure foundation," with despair deeply depicted on her countenance. Her pulse was 95. I gave her *Bell.* and *Verat. alb.*, with but little benefit. I then gave her *Aconite*, with a great deal of benefit. It gave her sleep, and quieted her generally; was less talkative. For her fear of fire, combativeness, and disposition to strike, and yellow urine, I gave her *Bell.*, with great

benefit, putting out her fire, and soothing her combativeness. For sensitiveness to noise, and constipation, gave her *Nux vom.*; for a disposition to weep, I gave her *Bell.* again. It soon dried up her tears. For talkativeness, gave her *Moschus*. The medicines were low, ranging from the 3c to the 6c. She fully recovered, and has remained so ever since.

LACON, Ill.

CHARLES DAVIS.

THAT CASE OF DIABETES MELLITUS.

In reply to Dr. Waggoner's inquiry, on page 267 of this journal, I will state now what I intended to have done at a later date: that the case of diabetes mellitus reported on page 169 is not a permanent cure yet, since after a few weeks' improvement and apparent normal condition of the urine I was sorry to find a return of all the symptoms mentioned, but in a less degree. As to the test, there was none other made at that time than the one stated, namely, with *Kali caust.*, only adding a few drops of *Nitric acid*, and the urine emitting a sweetish molasses odor. I was satisfied that I had a case of diabetes mell., inasmuch as all the other symptoms corresponded to that disease. The case is under treatment now, but as I have not seen the patient for several weeks, he living about twelve or fourteen miles from here, I am not prepared to give the present status of the case. Shall make further tests, however, of the urine, on his next visit, and in due time will report results.

MANKATO, Minn., March 24.

A. L. DORNBERG.

DO REMEDIES ACT PHYSIOLOGICALLY?

On page 285, UNITED STATES MEDICAL INVESTIGATOR, we are informed that Ad. Lippe, M. D., has but recently learned that "remedies administered Homœopathically have a physiological action." I desire to ask, what action, then, have they? Do not our remedies promote healthy action? Is not a healthy action a physiological action? Is it courteous and just to stigmatize some of our most eminent men who attempted to give a plausible physiological explanation of some of the curative effects obtained from our potentized remedies, as "men of progress backwards," when they have given no intimation that anything else but the totality of the symptoms and the Homœopathicity of the remedy influenced them in its selection?

Shall we all become men of one idea? Must we claim to know nothing of chemistry, physiology, and pathology in order to be approved by our friend? Are students' brains so diminutive in any part of our country that they can only digest a few provings of our remedies, and that any explanation by their teacher of the palpable action of said remedies in their acknowledged efficiency would endanger their sanity?

Yours anxiously and fraternally,
PEORIA, Ill, March 20.

M. M. EATON.

USELESS DIAGNOSIS ILLUSTRATED.

In a January number of THE UNITED STATES MEDICAL INVESTIGATOR appears an article on what the writer terms useless diagnosis, and seems to think it an extra parade on the part of the physician.

While Gynæcology in its present advanced state enables the specialist in this branch of medical science, by his skilled manipulations and various appliances, to frequently obtain such unprecedented success; and that he often succeeds by these means in what would require months by the most carefully selected remedy. Here is where discrimination is required, as well as in the selection of the remedy. To know just where the line of demarkation is to be drawn, and in order to draw this line, will depend largely on the skill of the physician as a diagnostician. No progressive Gynæcologist of our school to-day proposes to treat a case of suppressed menstruation from a recent cold, or from fright, by means of the sponge tent or by the knife, but by the most carefully selected remedy. Neither, on the contrary, will he undertake to treat a case of dysmenorrhœa depending on a polypus in utero, fibroid in the parenchyma of the neck, congenital, vaginal or cervical stricture or imperforate hymen by a high or low potency of any drug, but by the removal of the cause. Now, if diagnosis is useless, and to be ignored, we would like to know how we are to arrive at the correct conclusion, if any at all.

I treated a lady several months ago who had been treated by a prominent Allopathic physician, and by two Homœopathic physicians for three months—the patient bedridden the greater part of that time. From her symptoms I suspected some uterine disease, but made no physical examination. I prescribed *Nux vomica* 30, which seemed indicated, and was followed by a speedy relief. In a week her appetite had returned, and she was able to go out; but recently she is complaining of some of her old symptoms. I have sighted this case because I think it clearly proves that the Homœopathically selected remedy will give relief where it has not the power alone to effect a radical cure; in other words, it may be necessary to restore the uterus to its normal position, and employ some means by which it may be retained *in situ*, either by the horizontal position or by means of some mechanical support. It is a generally admitted fact that refined and highly cultivated women are more prone to uterine disease than those in the lower walks of life. This I believe to be the result of their mode of dress and general enervating habits, and from a greater development of brain tissue, thus making them more sensitive. This is where our remedies act promptly, by controlling this state of hyperæsthesia; and while the patient seems well in comparison to her former condition, there may still remain some lurking uterine disease to be aroused at the first exciting cause.

I insist that a diagnosis is not only essential, but should not be considered complete until we have exhausted all the means at our command. We cannot conceive how a prognosis is to be given, if not preceded by a diagnosis.

BALTIMORE, Md.

H. A. UNDERWOOD.

HOW DO HOMŒOPATHIC MEDICINES ACT?

Dr. Holcombe has, in the opinion of one Homœopath, struck the key-note of similia. For several years we have believed that all substances producing disease, or for the cure thereof, let them enter the system in what way they may, must, before producing any symptoms except chemical changes, go to the brain, or nerve centre, and from thence through the nerves to the various parts of the system, producing either objective or subjective symptoms.

Proof.— In producing sleep, or any effect from *Morphine*, if introduced into the stomach it must be absorbed and enter into the circulation; and unless it be Homœopathic to the diseased condition of the patient, will make no impression upon the individual for a number of minutes—probably thirty; but inject it beneath the skin, and we look for its action in from five to seven minutes. In colic it relieves just as quickly if it is introduced at the wrist, or ankle, or at the nearest possible point to the pain, which we consider ample proof of our assertion. But if stronger proof is needed, take a patient with pain in the thigh, with the nerve involved, and introduce the *Morphine* into the same leg below the disease, say at the ankle, and we get no relief from the pain whatever, but a numb feeling of the limb below the diseased point. Now introduce the *Morphine* into the other leg, or one arm, or any part of the body, and the patient finds relief within seven minutes. How can this be explained? When introduced beneath the integuments it comes in connection with the free or terminal extremities of the nerves and is at once taken up and conveyed to the brain, and from thence hastened to the point calling loudly for relief. But should the nerve pass through some diseased part (as the thigh above mentioned) whereby the nerve itself is affected and its circulatory or carrying power disturbed or impaired, then the brain has no remedy by which to alleviate the pain. Now this may possibly occur by or through the circulation of the blood, as a sufficient time elapses after its introduction into the system before relief is experienced, say five or seven minutes; but if the substance is volatile (sufficiently attenuated), so as to enter into the system by inhalation, it will produce an effect before it can possibly pass through the circulation of the blood.

We are all aware that drugs or crude articles affect the system but slowly, as they must be digested or divided (trituated) within the system, consuming time; while diluted or attenuated medicines are quickly taken up by the absorbents in the mouth or stomach and passed by the accompanying nerves to the brain. Now we believe that disease, let it manifest itself where it may, or arise from whatever cause, must first start from the brain; and the longer it remains, or the more chronic it becomes, the further it extends, or is removed from the brain, affecting the smaller nerve branches. Thus it is that high dilutions cure chronic diseases with more certainty than low ones, because they pass to and affect finer nerve branches, therefore not only relieving and removing disease from the larger nerve trunks, but also from the terminal and most sensitive branches. In administering medicines they

first affect the brain, then the larger nerves, extending to the smaller branches so far as their divisibility will allow, and, if sufficiently attenuated, to the extreme ends. And here comes an opportunity to decide the limit of attenuation needed: that is, when it is so attenuated as to pass to the extreme end of the nerves. If any one can determine this point, then that is the highest attenuation needed.

In administering medicines, if a sufficient time elapse after giving a dose for the larger nerves to return to their previous condition, or so as not to be affected by the dose already given, if it is then repeated the second dose will excite a new action upon the tongue nerves, destroying or impairing the action already taking place at the terminal ends or smaller branches, producing injurious effects rather than beneficial results. Therefore, in administering medicines, if the dose is repeated, repeat often or not at all — or at least not till the dose already given has ceased to act.

LYNN, Mass.

A. M. CUSHING.

THE NECESSITY OF PATHOLOGY AND SYMPTOMATOLOGY ILLUSTRATED.

It is conceded by some of our profession that symptomatically all diseases can be treated successfully, but think one who ignores either one cannot be as successful as by adopting both. For this reason we are very frequently called to see a case that has not prominent developed symptoms (key). Then we are left in the lurch. I believe as Wm. H. Holcombe says, UNITED STATES MEDICAL INVESTIGATOR, page 134: "Let our eyes and ears open to all sides." Then let us, as physicians, advance science; let us be men, not children.

Here I will briefly illustrate by two cases:

1. Called to see a child with spasm (clonic); first attack; child has not been free for one moment; pupils squinting and dilated; chewing motions with the mouth; forehead drawn in folds, and covered with warm perspiration; frequent swallowing, as if to swallow something down the throat; child lies in a torpor; delirium; cheeks slightly red; hurried breathing, and sudden, shrill cries. Now, what is it? not worms, or hydrocephalus. What is it, then? Pleuro-pneumonia. Would *Cina*, *Apis*, or *Helleb.* cure this case? No; because it is not in the medicine to produce similar pathological changes in the lungs or pleura. How could it cure, then?

2. Mrs. M. says: "I have been sick for a number of years. There is a queer feeling in my throat down to my stomach; feels as if raw. I cannot sleep nights on account of palpitation of my heart and a species of nightmare; water or food distresses me; I have abstained from water for a week; have been salivated three or four times; bowels are constipated; I sometimes think I am crazy, or others will observe me so; a walk in the open air seems to prostrate me; cough day and night. Help must come soon or I will be numbered with the dead." There is

no heart disease; her tongue is clean, and pulse 75 per minute. Now, what is it? She has been under old school treatment all her life, and came to try Homœopathy as a last resort. Has *Calomel* left this lady diseased in mind and body? What is the antidote? *Nitric acid*? No, this does not cover all her symptoms. I gave *Argent. nit.* 6, one dose every night. In two months, discharged cured.

Case 1, treatment: *Bryonia* 3, five drops in water, teaspoonful every two hours. Discharged cured in four days.

Bryonia has no spasm in its pathogenesis. The spasm ceased after the second dose. Perhaps some one more learned can explain the *modus operandi*?

MACKINAW, Ill., March 23.

B. F. A. KUENZ.

CHRONIC SICK-HEADACHE.

WHAT SHALL I DO FOR IT?

Married lady, thirty years old; sick-headache, with vomiting, since childhood; parents and grandparents similarly afflicted. No vomiting during the last four or five years; attacks come on at menstrual periods, and from over-exertion, and especially from excitement at any other time; menses normal, except she has considerable pain in the back and front during the first day; no relation between the pain and flow.

The headache begins with a general pain, which, in one to three hours, settles in some place, usually the temple, but sometimes in the sinciput, or occiput. When in the temples, it nearly always alternates, affecting one at one attack, and the other at the next. At the menstrual periods it is more likely to affect the sinciput. She used to wake up after a good rest and find an attack just coming. Not so much lately. Grandmother the same way. The pain is throbbing, and bursting, as if the bones were forced apart; relieved by external pressure; not affected by noise, and seldom by light; lasts twenty-four to forty-eight hours.

During the preliminary general pain, a dose ($\frac{1}{2}$ to $\frac{1}{4}$ grain) of *Morphine* will sometimes prevent the attack. If it fails, she is made worse, but does not sleep. *Chloral* has helped once or twice.

She was the wife of an Allopathic physician (her first husband), and sister of another, and has tried others.

I have given her, during three years, with temporary or doubtful benefit: *Lach.* 6, *Sang.* 6 and 1, *Gels.* 10, *Tart.* 2, *Iris* 10, *Sil.* 6, *Acon.* 1 and 6, *Bry.* 3, *Sulph.* 6, *China* 1 and 7, *Cham.* 6, *Lyc.* 31, *Nux.* 3, *Bell.* 31, *Ignatia* 6, *Hepar*, and *Conium* 30, in this order, except in the case of different potencies of the same remedy, which were given at different times. These are not all prescriptions for the headache, as I remember that she has had a few temporary troubles; but of course I cannot discriminate in a record at this time. She has had granulated eyelids, and now has opacity of left cornea, nearly obscuring the sight. She is one of our society leaders, and it would give me great satisfaction to relieve her. Will my professional brethren have the kindness to help me, through THE INVESTIGATOR?

MENOMINEE, Mich., March 23.

O. B. BIRD.

WHEN RE-VACCINATION IS NECESSARY.

The question is frequently asked, "whether re-vaccination is necessary to insure protection against small-pox?" I would beg leave to offer a few remarks upon the subject.

The difference in the material used for vaccination creates the result of whether it shall be successful or not. Some have been in the habit of vaccinating with fluid lymph taken fresh from the arm, or with ivory or quill points coated with the virus, or with lymph carried between two pieces of glass and hermetically sealed, which lymph must have been obtained in either case *on the eighth day from vaccinating*; others again, use the scab. We shall now examine the qualifications of the two systems, fluid lymph and scab.

In applying the fluid lymph, the arm is scratched for the purpose with the point of a sharp lancet, the lymph is then applied and soon dries, the inflammation arising from the scratching subsides in twenty-four hours, and nothing is left but a slight trace of the operation. Toward the close of the third day, or early on the fourth, a slight redness is perceptible, by the fifth a small vesicle has formed, depressed in the center, containing a transparent, colorless, viscid fluid; this gradually enlarges, and on the sixth day is surrounded by a narrow circle of redness at the base. It now gradually increases till the eighth day when the pock is at its height, when it is about a third of an inch in diameter and between one and two lines in height, center of top depressed, the pock is now ripe or in a fit condition to transmit vaccinia. On the ninth day it begins to assume the nature of pustule, the matter becoming opaline, and in Europe has been considered unsafe to use. On the twelfth day the liquid taken from the pock has become turbid and lost much of its viscosity, its true characteristic mark, and on the thirteenth day the matter is quite purulent, and instead of being in distinct cells as at first, is all collected in a single cavity.

If the vaccine has gone through these regular stages, the person has generally been supposed to be safe from variola, varioloid, or vaccinoid which is the term applied to the re-taking of vaccination. European physicians used not to vaccinate children that had any eruptive disease on them. Dr. Jenner believed that certain eruptive diseases might so far modify it as to interfere with its protective influences. It is therefore apparent how necessary it is to be exceedingly careful as to the condition of the child, the quality of the lymph, and the proper progress of the vaccinia through its stages to insure its protective influence.

We will now examine vaccinating with the scab. Some recommend raising a portion of the skin and inserting a piece of scab under it, others take a piece of scab and rub it down on some glass with a drop of water, this last is the most certain way. The matter as now rubbed down is invariably opaline, showing undoubtedly that it contains pus, if we insert this matter into the arm we produce a sore tainted with whatever constitutional poison exists in the person from whom the scab was taken, whether syphilitic or otherwise, or even supposing it to be from a perfectly healthy person, pus itself is a dangerous poison likely

to produce death, as has been experienced by some eminent surgeons who have died from cutting themselves while operating, besides failing to produce any protective influence against small-pox, because the vaccine virus on the twelfth day begins to lose its viscosity which is its characteristic type of prophylactic purity.

The vaccine virus to be effective, must pass through the constitution, which it does in the time from first applying it to the fourth day, when it begins to inflame, or else it would not be prophylactic, consequently it would not be safe to vaccinate with the fluid lymph of a tainted constitution, how much more so when pus is added in the shape of a scab.

It must now be apparent what little reliance is to be placed on vaccination with a scab as a preventive; even with lymph it is not advisable to perform the operation on too many from the same vesicle, as it has been remarked that those are most apt to receive vaccine who come first in order. Of course there are idiosyncracies who will always take anything that is going, but I feel confident that if vaccination has been carefully performed with lymph taken fresh from the arm of a healthy child on the eighth day, and vaccination runs through its natural course, that person is safe from infection.

R. W. NELSON.

LANSING, Mich., March 30, 1875.

HEADACHE, WITH CHARACTERISTIC INDICATIONS.

I. ORIGIN AND DIRECTION OF PAIN.

BY H. V. MILLER, M. D., SYRACUSE, N. Y.

1. Eyeballs Extending Backward..

Croton tig.—Neuralgic pain from pupil of left eye to occiput.

Cosmocladia.—Violent pain extending from the posterior portion of the right eye through the head to the occipital protuberance.

Lilium tig.—Intense pain in both eyes, extending backward into the head, with dimness of sight, shooting pains in right temple passing over to the left, etc.

Paris quad.—Sensation as if the cerebral membranes were on the stretch, with pressure on the temples and severe pain as though a cord were stretched tightly from the rear of the eyeballs to the centre of the brain. Aggravation by thinking (*Nux*). Eyeballs feel too large for the orbits.

Lachesis.—Pressure in the orbits, with sensation of drawing from the eyes to the occiput.

Phosphorus.—Headache worse in the left side through the eye into the occiput, with nausea. Sensation of faintness in the stomach. Always hungry during headaches. Attacks once a week; worse at noon.

2. Eyes to Vertex.

Phytolacca.—Headache. Shooting pain from left eye to vertex.

3. Forehead above the Eyes to the Nose.

Calcarea carb.—Tearing headache above the eyes down to the nose, with nausea and gaping.

4. Forehead to Vertex.

Sepia.—Shooting from forehead to vertex and both sides of the face.

5. Forehead Extending Backward.

Arnica.—Periodical attacks of headache commencing in the morning, slightly in the forehead, with flickering before the eyes. Aggravation by reading or writing. Gradually extending through the temples into the occiput, and reaching its acme in the afternoon. A warm room is unbearable (*Pulsatilla*). No relief in the open air.

Bryonia.—Sticking, jerking, throbbing from the forehead, teeth, and malar bones to occiput, with dread of motion.

Carbolic acid.—Dull pain running from forehead to occiput.

Conium.—Obstinate, stupefying headache from front to occiput.

Cuprum.—A stitch through the whole head from the forehead near the hair backward.

Eupatorium perfol.—Pain extending from forehead to occiput; worse on left side.

Kali bichromicum.—In the morning on waking, pain in the forehead and vertex, latter extending to occiput.

Formica.—Typic headache from left forehead and temple back to occiput every day earlier, with a sore pain over the eye, gradually increasing, and with a cutting extending into the ear.

Lilium tigrinum.—Intense blinding frontal headache commencing between five and six o'clock P. M., continuing two hours, then changing to the occiput and extending down the neck, leaving a strange, muddled feeling about the head with general weakness and desire to lie down.

Phytolucca.—Headache commencing in frontal region and extending backward.

Spongia.—Dull, pressing headache from front to back, in the forehead above the eyes, extending into occiput and neck for ten hours until he fell asleep.

Theridion.—Violent frontal headache with throbbing extending into occiput.

6. Nape of Neck Extending Upward and Forward.

Calcarea carb.—Headache arising from nape of the neck (compare *Belladonna*).

Caustic.—Paroxysmal tearing pains from nape of neck rising to frontal region.

Cimicifuga rac.—Intense pain in the head, as though a bolt were driven from the neck to vertex with every heart throb.

Fluoric acid.—Headache arising from the nape of the neck and extending through the centre of the brain.

Gelsemium.—Headache arising from the cervical spine and extending all over the head.

Lachnanthes.—Stiffness and pain in the neck extending over the whole head down to the nose, and sensation as if the nostrils were pinched together.

Silicea.—Pressing, bursting headache ascending from the neck to the vertex and thence to the supra-orbital region. Amelioration by warmth (do. *Phosphorus*; *Spigelia*, amelioration from washing the head in cold water). Also, pains from occiput to eyeballs, especially the right eyeball, sharp, darting pain, and a steady ache; the eyeball being sore and painful when revolved. Aggravation by noise, motion, or jar.

7. Occiput and Cerebellum Extending Forward.

China.—Headache from occiput spreading over the whole head, lasting from morning till afternoon. Aggravation by lying. Can neither lie nor sit; has to stand or walk. It is intolerable, driving to madness.

Sanguinaria can.—Headache commences in occiput, rises and spreads over the head, and locates especially above the right eye, with nausea, vomiting, and chilliness. Is obliged to seek a dark room and lie perfectly still. Pain ascends posterior auricular region.

Sarsaparilla.—Violent pains, chiefly in right side of head extending from occiput upward and forward over the ear, around temples, across forehead, etc.

Spigelia.—Headache begins in cerebellum in the morning and spreads over left side of head, causing violent pulsating pain in left temple and over left eye with stitches in left eye. Relief from bathing head in cold water. Or pain begins in cerebellum and extends over the head down into the cheeks.

8. Vertex to Occiput.

Oleum an.—Pressure in vertex shifting to occiput.

9. Occiput to Vertex.

Calcarea c.—Megrims some days either before or after catamenia, commencing in occiput and extending upward to vertex, where it centres with such violence that the patient thinks the brain is dissolving and she is becoming insane. After slimy emesis the pain gradually declines. It is always attended with redness of the face and icy coldness of the feet and legs. Nausea and vertex heat. Habitual constipation.

Lactic acid.—Headache at base of brain or occiput, extending up and over to the vertex.

10. Temple to Occiput.

Stramonium.—Headache in both temples shooting to occiput, with thirst.

11. Occiput to Temples.

Coca.—Drawing from occiput to temples.

12. Occiput to Ears.

Chelidon.—Headache, shooting pains in occiput extending through the ears; shooting through temples from side to side (*Alumina, China, Phosphorus, Sanguinaria*); commencing on waking in the morning and lasting all day; felt on waking at night; constipation; irritable temper.

13. Left Shoulder to Occiput.

Eupatorium purpur.—Pain from left shoulder to occiput.

14. Base of Cranium Upward.

Formica.—Dull headache commencing at base of cranium and extending upward, mostly in temporal region.

15. Head to Jaw.

Osmium.—Headache extending to jaws or to the lower jaw. Headache increased by throwing back the head (contrast *Clematis* and *Belladonna*).

16. Head and Occiput Down the Spine.

Cimicifuga.—Pains in every portion of the head, but more in the vertex and occiput, often extending to the shoulders and down the spine, of a pressing and throbbing nature, accompanied with delirium. Also, sensation as if the vertex would fly off, with a sensation as if the cerebrum were too long for the skull; pressing outward and upward. Also, headache of drunkards and students.

Lilium tig.—(See forehead, extending backward.)

Natrum mur.—Headache as if bursting; beating or stitches through to the neck and chest with heat in the head, etc.

Podophyllin.—Vision indistinct, then fleeting pains at first mostly in occiput and then in frontal protuberances, gradually increasing. Pains extend down into neck and shoulders, with numbness of the fingers, disgust of life, etc.

Natrum mur.—Stitches through head, extending to neck and chest.

17. Body to Head.

Formica.—Pain shooting from the trunk up into the head like lightning. Also headache until he falls asleep.

18. Stomach to Vertex.

Formica.—Pain shifting from stomach to vertex.

19. Heart to Head.

Lithium c.—Pain in heart extends to head.

[TO BE CONTINUED.]

TREATMENT OF TYPHO-MALARIAL FEVER.

I have the honor to inform Professor Morgan, in answer to his questions on page 260 :

I. I usually ordered a dose to be taken every two hours. The dose, a teaspoonful of the solution made by a dozen small pellets in a half tumbler of water.

II. I gave the medicine without regard to remissions or exacerbations.

III. I ordered to be taken as in answer number one, till my next visit. I saw them usually twice a day. Then, whether I could perceive any improvement or not, I gave placebos. If at that or any other visit I perceived any improvement, I gave no more medicine as long as improvement continued. When the patient began, after the improvement, to get worse, or no better, I then gave the medicine which appeared to be indicated. If the same medicine was indicated I gave a higher potency. This I gave in the same way I did the first.

VI. My cases were not like Professor Jones'. There was less and less of a remission till it manifested no more ameliorations in the morning than in any other typhoid case. The post-mortem could not be made very searching, so that the brain, heart, and lungs were not examined, particularly as the symptoms did not call attention in any of these directions; the small intestines and stomach accounted sufficiently for all the symptoms present.

All the cases began with a well-marked erethism, such as is so characteristic of *Ars*. But in the fatal case the erethism passed into torpor, first a lighter torpor which appeared to indicate *Phos. acid*, but soon passed into that deeper torpor characteristic of *Carbo veg.*, but neither of these drugs given in the 30th brought any permanent improvement.

In the condition of which the professor speaks, viz: Paretic and gorged liver; wandering and stupid brain; general venous congestion; low fever, with magnified exacerbation at mid-week, with the certainty almost of internal lymphoid deposits.

I would suggest, notwithstanding it did not help my fatal case, *Carbo veg.* 30, or yet higher.

I will quote from *Wurmb und Caspari's Klinische Studien* :

INDICATIONS FOR CARBO VEGETABILIS.

“ Among the indications for the choice of this remedy occur also as with *Ars.*, the breaking down and decomposition of the blood. Yet the signs of irritation in the typhoids, in which *Carbo veg.* is indicated, entirely fail. The torpor is manifested in every part of the system in an equal degree, and finally sinks down into a perfect paralysis. The condition which *Ars.* produces at the very last through over irritation, *Carbo veg.* produces directly by depressing the vital activity, so that in practice a confounding of these two medicines is easily avoided.

We find therefore, in cases in which *Carbo veg.* is indicated the following: The circulation is only early accelerated and the pulse then is extremely weak, even sometimes imperceptible. Nearly always the

blood moves slowly through the vessels, and is often obstructed in the capillaries of the lips and limbs and produces an cyanotic color. The well known signs of decomposition of the blood do not long delay, this manifests itself in ecchymosis and decubites.

The temperature is not increased, sinks even often below the normal. The whole body is frequently covered with a cold clammy sweat.¹

The sensorial activity is, as it were, devoid of all expression. The patient lies sunk together on his back, with his eyes closed, his mouth open. He is, as the expression of his countenance indicates, scarcely sensible of anything, and is either not capable of being aroused, or, only by shaking, and then only comes to himself for a moment. He is sensible of no wants, etc.

The tongue is generally moist, pale-bluish. The colliquative diarrhæa flows off involuntarily (or entirely ceases — Translator).

The rattling of mucus in the breast is strong, even audible at a distance; the respiration oppressed, but notwithstanding the cough is inconsiderable, often fails entirely. The expectoration is frequently blue. Hypostasis of the lungs is always present.”

This masterly delineation of the action of *Carbo veg.* shows that it is the leading remedy in torpid conditions, occurring in typhoids, choleraic conditions, gangrene, etc.

Phos. acid corresponds to stupor of less intensity.

Another drug which the professor does not mention may meet many cases, viz: *Verat. alb.*, indicated by nausea, vomiting, with cold sweat, great prostration, etc.

A. McNEIL.

NEW ALBANY, Ind.

EXPERIENCE WITH RHEUMATISM.

FROM JAHR'S FORTY YEARS' PRACTICE.

[Rheumatism is a treacherous disease. This year it seems more subtle than usual, due no doubt to the large amount of stormy, damp, and changable weather we have had. The state of the atmosphere corresponds just now so closely to European weather that we are urged to give European experience with rheumatism. It will no doubt prove a word in season to some of our readers.]

ACUTE FEBRILE RHEUMATISM.

Acon. is the first remedy I make use of, and which I prescribe in this as in all other acute inflammations, in form of a watery solution, a teaspoonful every two or three hours. If *Acon.* is not sufficient and the swelling is hot and red, I give in most cases *Bry.* with the best result, in the same manner as *Acon.*; or, if the special indications given below, point to them, *Bell.*, *Colch.*, or *Rhus t.*; if the swelling is rather *pale* or *rose-colored*, I give *Puls.*, *Nux v.*, *Arn.*, *Cham.*, *China*, or again *Bell.*, *Bry.*

If all the joints are invaded, *Puls. 30*, two globules in water, often acts like a charm; likewise *Nux v.*, if the pale swelling has likewise affected the muscles of the chest and back.

In a desperate case of this kind, where the feet, legs, hands, and arms, and likewise the chest and back were invaded, the patient was lying in her bed with the most excruciating pains. Being anxious to avoid every kind of Homœopathic aggravation, I poured a teaspoonful of a solution of two globules of *Nux 30*, into another tumbler, and a teaspoonful of this solution into a third tumbler of water, and ordered a teaspoonful of this third solution to be given the patient every three hours until I should see her again next morning. The prescription was made at 10 o'clock at night. When I saw the patient again, the change was extraordinary. Soon after taking the first dose she had dropped to sleep, slept quietly the whole night for the first time in eighteen days, the rheumatic swelling as well as the pains had decreased, and disappeared entirely in three days simply by continuing the solution out of the third tumbler. Many such gentle and quick cures have been achieved by me with very small doses.

Colch., *Arsen.*, *Verat. alb.*, *China*, *Merc.*, and *Cham.*, have been of essential advantage to me in the treatment of inflammatory rheumatism.

In chronic rheumatism without fever one of the most important remedies, besides those already named, *Bry.*, *Rhus t.*, *Puls.*, *Nux v.*, *Colch.*, *Arn.*, *Arsen.*, *Verat. alb.*, is *Caust.*, and likewise *Sulph.*, *Lyc.*, *Phosph.*, *Thuja*.

RHEUMATIC FEVERS.

These fevers are distinguished from acute rheumatism by the circumstance that not a single limb or joint is invaded locally, and that more or less severe wandering pains dart through the limbs both during and between the exacerbations of the fever. Here too, where, during the severe fever-heat, cerebral symptoms, such as sopor, stupor, delirium, etc., are apt to develop themselves, they might be mistaken by a superficial observer for the beginning or the first stage of genuine typhus, if not the utter absence of all signs of typhus, such as typhomania, the disproportionate prostration and the petechiæ which generally make their appearance on the fourth day, made every mistake impossible, unless we were to imitate Rueckert's method of classing every case of fever with nervous symptoms, among true typhoid fevers.

The fever, in such cases, has always a more or less inflammatory character with violent heat toward evening, and a profuse, not alleviating perspiration over night. This fever very often sets in with heaviness and weariness in the limbs, vertigo and a violent headache, which sometimes exhausts the patient a good deal; and very often a dry cough and pulmonary congestions supervene, attended with dryness of the mucous membrane of the nose and eyes, which are sometimes very painful. These fevers occur most frequently in the winter season, but I have likewise met with them during or after the prevailing influenza, with which they are sometimes associated.

TREATMENT.

The chief remedy in many cases of these fevers is *Acon.* which, if not always sufficient to remove the whole disease, transforms it so that *Bry.*, *Rhus t.*, *Lyc.*, *Merc.*, *Nux v.*, and likewise *Verat. alb.*, *China*, *Bell.*, easily wipe out the remainder. That these fevers often originate in some inflammatory irritation of the spine, has become a certainty in my mind; be this however as it may, the presence or absence of painfulness of the vertebral column to hard pressure, does not modify in the least the selection of the appropriate remedy.

If *Acon.* which, like every other remedy in this fever, is to be given in form of watery solution, does not control the fever entirely, *Bry.* will then often come in play, especially if the pains increase during motion, and the dry cough, which often torments the patient, had not yielded to *Acon.*; or *Rhus t.*, more especially if the pains attack more particularly the back and small of the back, for which *China* is likewise indicated, are worse during rest, and the nocturnal heat is associated with a drawing in the limbs, obliging the patient to stretch them, and if the cough is likewise very racking and exhausting.

If the pains are especially severe at night, drawing and tearing, with profuse sweats that afford no relief, and if the joints, limbs, and head, are particularly invaded by the pains, *Merc.* helps in most cases, whereas, if these sweats are accompanied by a lancing drawing and tearing in the small of the back, back and thighs, *China* is much more efficacious.

If the pains attack more particularly the nape of the neck, shoulders and upper arms, *Bell.* is the best remedy, especially if these pains are associated with signs of cerebral irritation, in which case *Bry.* sometimes renders eminent service.

In these fevers I have employed *Cham.* with great advantage, if the pains which are particularly severe at night, lame the limbs, pass into head, limbs, and teeth, are alleviated when the patient sits up in bed and compel him to constantly turn about.

If the patients feel at the same time very languid and feeble, and the pains can be relieved by the application of warm clothes, or in a warm temperature generally, *Ars.* sometimes affords great relief.

If the pains are most violent in the chest, between the shoulders and in the small of the back *Nux vom.* is most generally the best remedy; or, if the pains shift rapidly from one locality to another, *Puls.*; and for tearing and stinging headache which is particularly worse in the afternoon and at night, *Lyc.*

If the continued and profuse perspiration is succeed by great weakness, *China* is a sovereign remedy, likewise *Verat. alb.*, if the patient is troubled with a good deal of dry cough and diarrhœic stools, for which *China* had been given without effect.

At the commencement of the treatment I always prescribe my remedies in form of a watery solution, three globules of the 30th attenuation; afterward, if the treatment becomes protracted, I mostly give the medicines dry on the tongue, allowing each remedy to act at least

forty-eight hours before making a change in my prescription. I pursue this course for the reason that these fevers often last fourteen, twenty-one, or even forty-two days.

If the pains threaten to shift to the heart or the cerebral meninges (which they are more inclined to do in these fevers than in firmly-localized rheumatic inflammations), I again give the appropriate remedies (*Acon.*, *Bry.*, *Ars.*, *Phosph.*), in the form of watery solutions.

DISCUSSION ON EPIDEMIC CATARRH, INCONTINENCE OF URINE, ETC.

BY THE HOMŒOPATHIC MEDICAL SOCIETY OF MIDDLE TENNESSEE.

I herewith transmit you a brief summary of the proceedings of the Homœopathic Medical Society of Middle Tennessee, at its last meeting, held at the office of Dr. Charles R. Doran, at Nashville.

As yet we have only a temporary organization, but next month propose to organize permanently with officers elected for the present year.

The Homœopathic Medical Society of Middle Tennessee, met at the office of Dr. Charles R. Doran, Feb. 12, 1875, Dr. J. P. Dake, presiding. Being called to order, the following members responded to their names: Drs. J. P. Dake, W. C. Dake, Charles R. Doran, T. E. Enloe, H. Falk, Jno. W. Buddeke, and Eugene R. Smith.

EPIDEMIC CATARRH.

Dr. J. P. Dake having been appointed to prepare a paper on the catarrhal epidemic now prevalent in Tennessee, presented the following:

"Gentlemen of the Society: In the early winter there appeared in Nashville and, as I am informed, also in other parts of the state, an epidemic of a catarrhal character, peculiar only in its uncommon prevalence.

It usually began as "a cold in the head," generally attended with sneezing, obstructed nares, or fluid coryza, and fever of a remittent character.

The catarrhal irritation usually extended from the nares into the pharynx, sometimes into the larynx and even down into the bronchial tubes. In some cases the eustachian tubes become inflamed, causing a painful earache. In some, the invasion of the larynx began with an attack of croup. The irritation sometimes extended along the lachrymal ducts, from the nasal passages, inflaming the eyes. In many cases the mucous membrane of the œsophagus and stomach became involved, giving rise to indigestion, vomiting, and gastric fever. The array of symptoms presented as a guide in the selection of the remedy, varied according to the special tract of mucous membrane involved, but in the beginning nearly every case had the same symptoms, viz: chilliness followed by fever, a sense of debility and fatigue, sneezing, obstructed nares, or fluent coryza.

I found much benefit from the early use of *Camphor* tinct., three drops on a small lump of sugar dissolved on the tongue, every fifteen minutes, till chilliness was checked and reaction procured. Usually, not being called on to prescribe till after the chilly stage had passed and the fever was in force, I prescribed *Acon.* in frequently repeated doses till the fever was broken and a moisture of the skin established.

If the eyes were inflamed I sometimes followed *Acon.* with *Euphrasia*. If the stomach seemed much involved, with nausea, constipation, shivering, etc., I gave *Nux v.* If croup followed, I gave *Spongia*, but when the irritation of the air passages was characterized by a collection of mucus, the cough not being so dry and tight as in croup, I used *Kali bich.*

When the bronchial tubes were invaded, even in their minute subdivisions, with high fever, hard cough, bloody expectoration, hurried respiration, etc., I found great benefit in the use of *Verat. vir.* in alternation with *Kali bich.*

In some such cases, with headache, flushed face, pains in the chest, I gave *Bry.* in alternation with the *Kali bich.* One fact I should mention, that during all the course of the epidemic, I saw but very little benefit from any of the preparations of *Mercury*. In some cases, after the use of *Acon.*, for any returning fever or pain I used *Bell.* in alternation with *Nux v.* or *Kali bich.* In aggravated cases of nasal irritation, especially with great fluent coryza, I gave *Kali iod.* with good results.

The acute catarrhal affection of the air passages is often mistaken for pneumonia by physicians, especially where it extends into the minute ramifications of the bronchia.

In this city it seems a common occurrence for bronchitis to be called pneumonia. The catarrhal epidemic is not yet gone from our community. Very few cases have been fatal. The absence of pneumonia as well as acute rheumatism during the winter has been a remarkable fact."

Dr. Falk reported several cases of catarrh relieved by the administration of *Kali bich.* and *Nux v.*

Dr. Doran reported a case, accompanied with deep-seated cough, relieved in forty-eight hours by *Drosera.*

INCONTINENCE OF URINE.

Dr. T. E. Enloe reported the following case of incontinence of urine :

Willie L., aged four years, light hair, blue eyes, fair complexion, of healthy parents. Had pneumonia when he was ten months old. Since that time has enjoyed good health until the fall of 1874, the commencement of this trouble.

Without seeing the patient, at the request of the father and upon his statement of the symptoms, I prescribed :

Dec. 1, 1874, *Ignatia amara* 3, dose every four hours.

Dec. 8th.—No relief from *Ignatia*. It is observed that the urine generally escapes when he is excited, or when laughing, crying, coughing, etc. Prescribed *Natrum mur.* 30, dose every four hours.

Jan. 12, 1875.—The incontinence promptly relieved. So long as he continued, and for a week after he ceased taking the medicine, there was no return. Prescribed *Nat. mur.* same as before.

Feb. 19th.—The relief was quite as prompt as before, but the medicine seemed to have lost its power beyond the time of its continuance, as the difficulty returned as soon as he ceased taking it. At this time he is troubled more at night, with restlessness and grating of the teeth when asleep, tongue coated white, breath offensive, urine turbid on standing. Prescribed *Cina* 1, dose night and morning.

March 11th.—There was no perceptible benefit from the last prescription. Saw the patient to-day for the first time. The tongue appears as if the mucous membrane had peeled off in small patches and was healing over anew. When worst, numerous small vesicles form beneath the mucous membrane and bursting, leave superficial erosions, raw, and sore, in their stead. This had occurred some days before I saw the patient, hence the appearance of healing presented as mentioned above.

The color of the tongue is more purple than in health, and without coating of any character. His disposition is considerably altered, being now ill-tempered, crying for trifles that ordinarily he would not notice. Appetite not good except for sweetmeats, etc., of which he is very fond, and partakes quite freely. Did not prescribe for the patient, as I wished to present the case to this society for their views and suggestions as to treatment.

Drs. J. P. Dake and Falk suggested *Nitric acid* as indicated by the condition of the tongue, etc.

Dr. Smith said that *Causticum* covered the urinary symptoms, and suggested that Dr. Enloe try that remedy or give the *Nat. mur.* in higher potency, as temporary improvement had resulted from its administration in low potency.

Dr. Doran then presented the following clinical case:

Mrs. U., aged fifty years, nervous, bilious temperament, sallow complexion, dark hair, grey hair, and of short stature. Had been an invalid more or less for eleven years.

Symptoms—Fine pains in right side of head, darting from front to rear; sometimes a sensation of fullness, with a sore feeling all through the head; vertigo, with many of its concomitants; weak appetite, never enjoying a meal, eats from necessity only, having no desire for food; nausea and flatulency; sore feeling at pit of stomach, and frequently experienced the so-called "goneness" there; a dull pain more or less constant, extending through lower portion of left lung up to the shoulder blade; tired feeling in lumbar region; sore or tender sensation all over surface of abdomen when touched; a dragging or pulling sensation internally and downward to the vagina, with aching pains; swelling of the abdomen; sore feeling in the ovaries; bowels costive, without an evacuation for many days; feces dry, and stools very unsatisfactory, frequently had to take pills for relief; nightly pressure in the bladder; great difficulty in urinating in spells of several hours duration; burning sensation while passing urine, and voided in small

quantities; tenesmus vesicae very annoying; cold feet and legs during the day; feet so hot and dry at night as to be compelled to thrust them from under the covers for relief; general lassitude of body and depressed state of mind; repugnance to conversation; sadness ruled; prolapsus uteri, even to procidentia sometimes, has during this long period existed; fine pains darting up through the neck of the uterus, of frequent occurrence; leucorrhœa of thin consistence, mild in nature, and free during the day; better on rising of mornings and fore part of day; vertigo always relieved by lying down on right side and flexing both legs.

Bell. to my mind being pretty clearly indicated, I commenced treating the patient with that medicine in the 500th potency, February 1st. On the 15th gave 2000th of the same remedy, under which she has continued to the present time.

I have great pleasure in saying that the patient is progressing very favorably, and to use her own words, she "suffers very little in the region of the womb, seldom experiencing the old pains at all, and almost entirely rid of the whites. No more pains in the bladder, and urinates less frequently, rising but once in the night for that purpose. Vertigo gone, bowels less constipated, can stool now with more satisfaction. Appetite most excellent. Food that she has not dared to eat for many years, she now uses freely, causing no pain, no eructations, and no bloating. Walks outdoors with less fatigue; experiences fewer "weak spells," and thinks now that there is a possibility of a cure in her case. Another fact, this patient tells me that her stomach has not tolerated coffee as a beverage in twenty years. She uses it now daily without inconvenience.

EUGENE R. SMITH, Sec.

EDGEFIELD, Tenn., March 24.

THE ANALYTICAL THERAPEUTICS COMING.

MY DEAR COLLEAGUE: Yesterday I read the last proof-sheet of the Analytical Therapeutics. I did not write a single letter, nor did I do anything else, besides practice after the specimen was published. I could have soon come out with sensorium, head, eyes, ears, etc., but on a good Sunday morning 3 o'clock, like to-day, the idea struck me that the whole work was an acephalon, and would remain one until Raue had finished his psychology and undertaken to arrange the mental symptoms, the most important of our whole materia medica. Forthwith the material was collected of at least all the mental and bodily concomitants. The work was wearisome, as it never had been undertaken before. It is done now, and as imperfect as it still is, we have now a beginning.

Intending to send you something for your journal, I know of no better one than the case of Aegidi's—a cure with *Bovista*—illustrating the great importance of the mind symptoms. Dr. Knerr will translate it for you; it will prove as a forerunner of the first volume.

[This interesting case appeared in our last, see No. 139, p. 320.]

Bovista is of equal importance to *Lycopodium*, but Jahr in his forty years does not mention it once. Burt did not put it in his *Materia Medica*. The large collections of Ruckert contains only three or four reports of cures. In the *Hahnemannian Monthly*, September, 1871, p. 85, the shocking notice was given of the abuse of this sponge in bleeding gums and in epistaxis. To inhale the dust-like spore with all possible force! It reminds one of the use old women make of the spores of *Lycopodium* for chafed children as a powder.

Next week a third edition of Schussler will be printed. Lippe promoted the sale by his Egyptian objection, and since the froth and foam of Dake the last copies were sold.

If you would like something more for your journal, let me know what particular query, especially with regard to historical matters, you would like to answer *for the West*.

PHILADELPHIA, March 7.

CONSTANTINE HERING.

[Will you please to tell us how large a volume was the first edition of Hahnemann's *Materia Medica Pura*? How many copies he printed, and who paid the bills? How many and what remedies were in that first edition? Which remedy was the best proved, which the least? How did Hahnemann get the symptoms, etc. ?]

PATHOLOGICAL STATES REPRESENT A PHYSIOLOGICAL LAW.

DEAR INVESTIGATOR: In reply to my revered colleague, S. R. Kirby, I may be allowed to quote an extract made from Virchow's lecture "on the forpation and metamorphosis of osseous tissue in the human body, (*Berliner Klinische Wochenschrift*, No. 1, 1875). He remarks on page 5: "In relation to the transition of cartilage into marrow, I find this a point which I tried to prove already a quarter of a century ago, and I affirm again, that cartilage may change directly into marrow." It may be objected that rachitis is a pathological process, but I consider this an erroneous objection. Pathological states are very apt to represent a physiological law.* They may be compared here to the experiment, which *per se* is certainly pathological. I do not know one example wherein a procedure which happens pathologically, may not present itself physiologically, the only difference is that the place where, to what extent, and the special circumstances, under which the procedure takes place, are different. The *modus procedendi* remains the same.

*Hypertrophy of the left verticle of the heart is very frequently observed, or rather it is the normal state in all chronic and destructive diseases of the liver, and kidneys. The heart has to work stronger, and thus the muscle on the arterial side must grow. (Just as the muscles of the arm in the blacksmith,) and the post-mortem result is, we find, a hypertrophy of the left verticle. Now the question for Dr. Kirby to answer remains: is this hypertrophy so often found in morbus brightii, a

(We might ask : Is hyperinosis a pathological process or not ? for it is physiological to normal pregnancy, whereas albuminosis is dangerous.)

Dr. Ebell, Professor of Physiology in the New York Homœopathic Medical College, truly remarks, that the principles of action and life form the basis and foundation of physiology, and not the empirical statements that fill many works. Physiology in the European schools of medicine, and in the first institutions in this country, is now being considered as a science of vital force, regarding for its proper comprehension and observance of its workings in the entire realm of the animal, and indeed also to the plant kingdom. This method alone will enable us to estimate what actions and results we may expect under each of the many and ever varying circumstances to which the human system, as a whole, or in its several parts, are constantly subject. (*New York Journal of Homœopathy*, January, 1875.)

We thus see that Virchow and Kirby differ in their opinion what constitutes physiology as well as pathology, and in order not to be misunderstood, I used purposely in one of my articles, the term "pathopoeitic," (not pathological,) instead of physiological, meaning thus "producing suffering" or what we call symptoms; for it would be wrong to push our provings to full pathological states. I am perfectly willing to adopt this new nomenclature as more to the purpose.

S. L.

A COMPLICATED CASE.

I take this opportunity to send in a report of a case. To me it is rather complicated. Mrs. S., about forty years of age; been troubled three years with anteversion; also with something with the stomach that acts considerable like dyspepsia; cannot eat any hard victuals; lives mostly on rice and beef tea; she is also troubled with menorrhagia, which keeps her very weak. I have used *Ipecac* to control the hæmorrhage, and *China* and *Bism.* to give her strength. Would like to have your opinion on the case.

CHARLES CITY, Ia., April 5.

D. E. MASON.

pathological or a physiological process? Life could not exist without it and therefore I consider it a physiological life preserving process, although abnormal to the anatomical size of a healthy heart. If more examples are needed, we are willing to furnish them.

Surgical Department.

IMPACTED FRACTURE OF THE ANATOMICAL NECK OF FEMUR.

August 6, 1874, I was called to see Mrs. W., aged seventy-five, who by a fall received an impacted fracture of the anatomical neck of the right femur, and considerably bruised the right nates. After doing what I could to make the limb comfortable, by the use of *Arnica* lotions, a few days after the accident I noticed a purple spot, two inches in diameter, though somewhat irregular in shape, making its appearance on the right nates. Presuming it was only a common result of the fall, I gave it no further care. In the course of twenty-four hours I saw it again, and was astonished to notice that the spot was darker, and was receding interiorly toward the os innominatum. Constitutional symptoms became very marked, showing a rapid tendency to a fatal termination. Taking the lady's age and everything into account, I well might feel appalled at the prospect; but I resolved to do something toward prolonging a life that had already passed its allotted time. I prepared a mild solution of *Carbolic acid*, and with saturated compresses I stuffed the cavity. Still the process of decay went on. At different times, I dissected away large pieces of the gangrenous parts. After it had extended to the bone, its tendency was to follow the muscular fibers upward. Nothing loth, I followed on with my *Carbolic acid* lotions; but I changed the compress, and substituted for it another arrangement, in the use of which the diseased process was stayed, and one more life was snatched from the grave. The instrument, I now had recourse to, was my hypodermic syringe — charging it with a *Carbolic acid* solution, in the proportion of 1 drachm *Carb. ac.* to 1 ounce of water, and passing the needle in and through the eschar in divers ways. I was thus enabled to assist a somewhat exhausted nature to form a line of demarcation. Some times a failure seemed imminent, but from the first use of the syringe I felt satisfied of the result, if nature would only bear up a little longer.

While the gangrene was making such havock upon the right buttock, symptoms of the same began to show themselves on the left one also, but with the above remedial measures at hand, that was soon under control. After a while the whole difficulty was arrested, constitutional symptoms began to grow brighter and better, healthy granulations sprang up all around the diseased surfaces, and on the fifteenth of January, 1875, I discharged my case, cured.

For three weeks subsequent to the injury, there was echymosis of the whole right limb. You will bear in mind the above results were not secured in a few weeks, but occupied a period of several months, and the particular point I wish to bring before the profession is, the use of

Carbolic acid in gangrene, and especially of the hypodermic syringe, as a medium for conveying this powerful antiseptic directly to the seat of the disease.

Heretofore the rule of practice has been, when mortification ensues upon some profound injury to a limb, such as a fracture, to amputate, as soon at least as nature has established a line of demarcation; but in this case owing to the location of the injury, an operation of that kind was not practicable, and as something may be learned from exceptions to rules, I offer these observations to the profession, believing they are practically important, and worthy of a careful and extended observation, as bearing especially upon the use of the hypodermic syringe for other purposes than merely to stupefy the senses of mortals in pain.

NUNDA, N. Y., March, 22.

C. C. CURTIS.

TALIPES.

Dr. A. G. Beebe takes me to task, in the March 15 number of *THE INVESTIGATOR*, for which we say, thanks; at the same time it seems necessary to acknowledge guilt. The fact of the tendons being distinct and separated fibres is *not* new, and is not original. The French treatment of Massayi is based upon that very fact; and an able and lengthy paper, in Vol. XXIII., page 69, of the *N. A. Journal of Homeopathy*, by Dr. Geo. H. Taylor, amply testifies to the result of treatment based upon that fact (not supposition). The doctor's authorities differ somewhat from mine on that point. As to Gerdy's operation, it is an open question whether it is "deservedly neglected" or not, as my cases will show. The operation, also, is not claimed as original only in "some particulars," and I think a careful reading of his operation will amply prove this point. Dr. D. Hayes Agnew, of Philadelphia, has had remarkable success by this method, and has lately modified it in some particulars—principally by using an instrument shaped like an ordinary vaginal speculum, perforated for the passage of the needle.

If Dr. Beebe would be kind enough to point out why the operation should *not* succeed, I will gladly add to my testimony that of other surgeons, whose word cannot be doubted or successfully disputed. I respect Dr. Beebe and Dr. Gross highly, but prefer, until I am adjudged blind by a competent jury, to believe the evidence of my own eyes rather than their "supposition."

In conclusion, may I ask the doctor if he *knows* the hernia operation to be a failure? that is, has he ever tried it?

I said "thanks" for the criticism, and meant it. We all deserve it, and myself not less—perhaps more—than others. I confess "guilt," not to the charge of ignorance or want of science, but for writing the article too hastily and not more in detail. Still, the main object was to secure reports from others. Let us try, brother critics, to remember one sentence in our motto: "*In omnibus charitas.*"

TIDIOUTE, Pa., March 23.

J. G. GILCHRIST.

OBSTINATE SECONDARY SYPHILIS.

Allow me to ask for information concerning an obstinate case of secondary syphilis. A young man, aged twenty-five, of good habits, contracted a chancre two years ago; underwent a regular Allopathic treatment for fourteen months, then removed from New York to this place, and came under my treatment. Patient has improved in every respect, and would regard himself well but for a conical, red, and hard swelling upon the posterior wall of the pharynx, about half an inch in diameter at its base. Swelling is not painful, and is no impediment to swallowing food, but feels it some on empty swallowing. Occasionally there spring up little ulcers upon the edges of the tongue, and sometimes on the inside corners of the mouth, which cause very little, if any, pain, and heal spontaneously after a week or two. After getting shaved, or after getting healed, little bluish-red spots appear upon different parts of the face; his hair falls out some, but seems to grow out again. Patient has a very healthy complexion and feels well in all other respects, but is dejected in spirits and constantly apprehensive of further developments of the disease. In his youth, he says, he was treated for scrofulous disease; took a good deal of *Cod-liver oil*, had leeches applied for eye affections, took *Iodine syrup* for some length of time, and nursed a seton on his left arm for two years. After that he was well, and served in the German army during the late German-French war.

Now, the query with me is, what will be the final result of that swelling upon the wall of the pharynx immediately behind the uvula, and what remedy or remedies will remove the thing and at the same time put a stop to further developments? I have now treated the case for nearly a year with such remedies as I thought indicated, and in high and low preparations; but aside from a general improvement following the use of the remedies the effect upon the tumor has been null, and there it stands yet in defiance of everything thus far used.

Will some one who is posted on such diseases please respond and suggest the treatment?

MANKATO, Minn., March 24-

A. L. DORNBERG.

A NEW OPERATION FOR VARICOSE VEINS.

Mr. John Marshall recently gave a lecture at University College Hospital, (*Lancet and British Medical Journal*, Jan. 23d.) on the treatment of varicose veins; in the course of which he remarked that the treatment by subcutaneous ligature, now generally employed, was not altogether free from risk, and that its results were not always satisfactory. He then proceeded to describe an operation which, he believes, will prove a more speedy, effectual, and safer cure than that now in use. It consists in excising a considerable length of the vein where it is most enlarged, and is performed as follows:

The course of the vein having been marked with ink, a pin is passed under it at each end of the part to be removed; the limb is now emptied of blood by Esmarch's bandage; the skin is divided along the marked line, and the vein, previously secured by figure-of-8 ligatures passed over the pins, cut across at each end and dissected out; the wound is then dressed after Lister's method. Mr. Marshall afterwards showed what had been a very bad case; ten inches of vein had been removed, and a rapid and complete cure effected.—*London Med. Record*, Feb. 17.

Materia Medica Department.

EYE EFFECTS OF MORPHINE.

In the first March number of *THE INVESTIGATOR*, Dr. Gatchell wrote, at the conclusion of a report on a proving of *Morphine*, the subsequent lines:

“The contraction of the pupil in this case implies one of two conditions: Either paralysis of that portion of the *sympathetic* supplying the radiating fibres of the iris, leaving the annular fibres alone to act; or, the *sympathetic* was unaffected and the *motor oculi communis* irritated, causing undue contraction of annular fibres. Can you offer any suggestion as to which condition obtained?”

To this query I would answer: Whether the former or latter condition of the above alternative existed, may be exceedingly difficult yet to ascertain. *Morphine* produces, in Allopathic doses, which has long been a well-known fact, an artificial myosis, or contraction of the pupil, as *Belladonna*, mydriasis or dilation of it already in Homœopathic doses (1 grain of *Atropin* to 2 drachms of water externally). The doctor having taken only two doses, of a quarter grain each, we may assume with probability that the effect of this medicinal substance was an irritating and not a paralyzing one, so that the *nervus oculo motorius* influencing the musculus sphincter pupillæ was stimulated rather than the *nervus sympathicus*, its antagonist, supplying the musculus dilator pupillæ or radiating fibres, was paralyzed. There is also a third alternative possible, although not probable, viz.: The *nervus sympathicus* became more or less paralyzed, and the *nervus oculomotorius* at the same time spasmodically affected. There are two kinds of myosis, distinguished as the spasmodic, and the paralytical one, the former consisting in an excessive action of the *oculomotorius*, the latter in an abnormal inaction of the *sympathicus*. According to the standard

works of ophthalmology, of German authors, the particular and definite circumstances of either condition were problematical yet in 1863-4, while I was studying oculistic at Vienna, Prague, and Berlin. In like manner two kinds of mydriasis or excessive dilation of the pupil are supposed; or mydriasis of the *oculomotorius* and of the *sympathicus*, the former representing a paralytical affection of the *nervus oculomotorius* and inducing a moderate dilation, the latter exhibiting a spasmodic state of the *nervus sympathicus* and causing a dilation of the pupil *ad maximum*, or nearly so.

Whether there have been any new discoveries made in that direction within the last decennium throwing some new and clearer light upon this topic, is up to this moment quite beyond my knowledge.

SHEBOYGAN, Wis.

J. B. BRAUN.

REMARKABLE EFFECTS OF NITRATE OF AMYL.

The extraordinary action of *Nitrate of amyl* upon the human body has invested this agent with remarkable importance. A distinguished chemist, Professor Guthrie, while distilling over *Nitrate of amyl* from amylic alcohol observed that the vapor, when inhaled, quickened his circulation and made him feel as if he had been running. There was flushing of the face, rapid action of the heart, and breathlessness. Dr. Benjamin Richardson, an eminent English physician, finds that this *Nitrate of amyl* produces its effect by causing an extreme relaxation, first of the blood-vessels, and afterward of the muscular fibres of the body. To such an extent did this agent thus relax that he found it would even overcome the tetanic spasm produced by *Strychnia*, and forthwith recommended its use for removing the spasm in some of the most extreme spasmodic diseases. The results have more than realized the doctor's expectations. Under the influence of this agent one of the most agonizing of known human maladies, called *angina pectoris*, has been brought under such control that the paroxysms have been regularly prevented, and in one instance, at least, altogether removed. Even tetanus, or lockjaw, has been subdued by it, and in two instances of an extreme kind so effectually as to warrant the credit of what may be truly called a cure.— *New England Medical Gazette*.

[It acts like *Cactus* in what might be called heart cramp; and experience has proved that *Cactus* will antidote the effects of the *Amyl*. A very excellent resume of the effects of this drug may be found in Allen's *Materia Medica*.]

Children's Diseases.

RHEUMATISM IN CHILDREN.

ACUTE RHEUMATISM IN INFANCY AND CHILDHOOD. By A. JACOBI, M. D., Professor of Diseases of Children in the College of Physicians and Surgeons. New York: G. P. Putnam's Sons. Chicago: Kean, Cooke, & Co. Price 40 cents.

This is No. II. of the Series of American Clinical Lectures edited by E. C. Seguin, M. D., which promises to prove a valuable addition to standard medical literature. The lecturer here presents us a sort of summary of the most recent views on rheumatism. Many suppose and teach that this disease rarely attacks children; but Dr. J. says that such is not the fact. Although it rarely manifests itself in painful, swollen joints, still a careful auscultation will reveal that its chief manifestation is endocarditis, and as the right heart is most active in foetal and infant life that side will be chiefly affected. "The large number of cases in which the final results of endocarditis; venous stagnation, bronchial catarrh, epistaxis, chronic dropsy, are the first subjects of complaint, bear out this observation to its full extent."

The cause of rheumatism he does not believe is lithic nor lactic acid but is due to effusion of lymph and serum into synovial membranes as catarrh is an excessive secretion of a mucous membrane. This shows us why *Bryonia* is such a valuable rheumatic remedy. Polyarthrititis he thinks due to emboli in the circulation of the joints.

Chorea finds its main cause in rheumatism, and Prof. J.'s remedy is *Arsenicum*.

His treatment is chiefly ice to the inflamed parts, narcotics, of course, for the pain, arterial sedatives, *Quinia*, etc. He advises big doses.

This lecture goes over a great deal of ground, and is crowded full of practical facts.

COMPENDIUM OF CHILDREN'S DISEASES. A Hand-book for Practitioners and Students. By J. STEINER, Professor of Children's Diseases in the University of Prague, etc.; from the Second German Edition by L. Tait, F. R. C. S. New York: D. Appleton & Co. Chicago: Jansen, McClurg & Co.; 8vo.; pp. 408. \$3.

This book, as its title would imply, is a sort of text-book for the student and half reference book for the practitioner. Now this may be a good thing for the book-makers, but an injustice to the profession — present and prospective. We have already too many hand-books, or manuals. The student needs works that give outlines of the various branches, while the practitioner needs exhaustive treatises. These hand-books tend to obstruct medical study by their brief, confused and numerous statements. Let us have a few text-books by skilled

teachers. A general practitioner, as a rule, cannot write a good text-book, and, paradoxical as it may seem, a lecturer cannot give an exhaustive treatise. If they attempt it, a hand-book or compendium is the result. From the clinical field we must look for exhaustive works of a practical character; until then, we are thankful for what we get.

Fifteen years in the Francis Joseph Hospital for Children (Prague), and many years a clinical teacher, well qualifies Dr. Steiner to give us a practical treatise. Had it been styled Drs. Steiner's and Loschner's (the doctor's Preceptor) Observations and Experience in the Prague Hospital, it would indicate the true character of the work.

This work is very full on diagnosis, prognosis, and pathology. The symptoms and course are well given, but the etiology and treatment are rather hastily dismissed. The work is particularly strong on obscure diseases and points. If the translator had simplified much of its severe technicalities the ordinary reader, twenty years removed from his Latin books, would be better satisfied with it.

The fact that the work is a sort of epitome of Dr. S's experience and observation accounts for the absence of several important diseases. Notwithstanding, it is a valuable contribution to the literature of Pædology.

“GROWING PAINS” — “FOOTACHE.”

I have a patient — a girl of four years, pale, active, nervous, and of light complexion — who has attacks of footache — seems neuralgic — coming and going about every hour and lasting fifteen or twenty minutes. The attacks are more frequent when tired, or when weak from any disease. Has frequent attacks of enteralgia, with diarrhœa, sometimes vomiting, and sweats much about the head when she sleeps. Has little appetite, and lives on milk chiefly. The attacks are always worse at night, and make her very peevish and nervous.

Prof. Jacobi, in his lecture on Acute Rheumatism, says: “Growing pains are not infrequently inflammatory rheumatism, and many an endocarditis of later years may be traced back to the ‘growing pains’ which are but dimly remembered. In many instances, however, they are but the expression and result of muscular fatigue. Thus, sensitiveness and pain are the results of a chemical change taking place in the muscular tissue, in which *Phosphate of potassæ* and *Lactic acid* are accumulated through over-exertion. When those products and their elimination are proportionate, no pain is felt; when the former is increased while the latter is retarded, the result is evident. Therefore, not only physical over-exertion, but insufficient circulation also results in the sensation of painful exhaustion. The latter acts through its tardiness in relieving the tissue of its cast-off material; and thus you understand why ‘growing pains’ (not rheumatic) are so often noticed in pale, anæmic children.” Jahr being

of a more practical turn of mind, says (Clinical Guide): "The best remedy is *Phos. ac.*, not only for the pains in the limbs, but also for the bodily and mental languor of which so many young people complain when growing too fast." Benninghausen adds *Guaj.*, but that has "aversion to milk," which my patient has not.

In this case it is neither inflammatory rheumatism nor muscular fatigue, but is chiefly confined to the instep, and apparently in the ligaments and tendons. I think it is neuralgia.

Phos. ac., *Phos.*, *Phos. calc.*, *Calc. c.*, *Hepar*, *Puls.*, *Bell.*, *Rhus.*, *Merc.*, and *Arnica* have all failed. *Chamomilla* is the only remedy that has mitigated the sufferings. *Electricity* also helps. She is now on *Kali carb.* What will cure?
T. C. DUNCAN.

CHICAGO.

NEW EXPERIENCE REGARDING ROTHELN.

BY PROFESSOR L. THOMAS, LEIPSIK.

[Continued from page 314.]

However, a clear prodromal aggravation could never be made out in these cases. Less marked still was a slight injection of the conjunctiva.

Partial redness of the mucous membrane of the gums was never absent, the throat was generally somewhat injected, and the tonsils sometimes were slightly swollen; with this there was slight and transient trouble to swallow. The redness of the mucous membrane of the palate was not distinctly spotted any more than at first, as the eruption on the skin was; hence, according to my most recent observations, I am obliged to consider the expression, exanthem of the mucous membrane as inappropriate, so far at least as any exanthem, such as appear on the skin, is understood thereby. The affection of the mucous membrane is much rather striped and spotted; separate, strongly injected, portions alternate with those which are less red and are quite normal, but this is very irregular. The appearance of the mucous membrane here is not essentially different from that in measles, hence admits of no differential diagnosis as has been claimed. The injection appears with the very beginning of the disease, and disappears rapidly with the fading out of the eruption on the skin.

In this epidemic, I have not observed any considerable swelling of the lymphatic glands. However, I must mention the existence in a few cases, of moderate swellings appearing, as a rule, in connection with considerably developed affection of the tonsils and with some difficulty of swallowing. In these cases, its duration was protracted through several days. In the majority of cases, however, there was nothing but a chronic swelling of the glands without any sign of recent aggravation, and, hence, without any significance, for in this disease, this swelling is, in any case, much less characteristic than in scarlatina.

The disturbances of the digestive organs were trifling. A little loss of appetite corresponding to the fever, a coated tongue, slight disturbance of digestion were observed in some cases, while, in the most of them, everything in these organs was in the best condition.

As regards the eruption on the skin, there is nothing new to note. In general I did not find, in this epidemic, so great a variety in its form as in the previous. I have heard, indeed, through other physicians, of cases marked by great and intensely colored roseola, but I have seen none such myself, nor have I, in this epidemic, seen anything of a diffused sprinkled appearance of the exanthem from the beginning of a confluence of separate spots. Hence the eruption appeared all the more characteristic — the other forms just mentioned presented appearances which are seen more or less in measles, also, sometimes making a distinction very difficult. The eruption was in general quite varied in density. It consisted of spots, generally isolated, from the size of a pin to that of a lentil, slightly elevated, round or a little oblong, not unfrequently of a rather bright color, and these were found in all parts of the body. They were the most abundant, and in proportion, most crowded without, however, becoming confluent, on the face, especially on the forehead, the cheeks, the chin, producing here the appearance of a slight œdema, especially if there were superadded some swelling of the sub-maxillary glands. On the neck and back they were often not so dense, also on the thighs and arms. The hairy scalp was affected, often considerably. The forearms and hands, the legs and feet were much less affected, both as regards the number and closeness of the spots, and their size and the brightness of their color. Often the spots, which were rather pale, were quite scattered, yet they were never looked for in vain. On the sole of the foot and the palm of the hand they were generally the most difficult to make out, no doubt on account of the thickness of the epidermis; however, they were never found wanting here on close examination, if the eruption was tolerably abundant elsewhere.

DIAGNOSTIC SKIN APPEARANCE.

The diagnostic marks distinguishing the spots of rotheln from those of measles regard mainly the size, form, and color. Their size is much less, their form rounder, they are not so angular nor jagged, nor do they throw out projections by which a partial confluence with the neighboring spots is brought about, as in measles. They also appear rather like discolorations, more as if they were painted on the skin, than as if they had grown out of it, on account of the almost entire lack of tumefaction. All this makes the appearance of rotheln so characteristic that no one would probably ever mistake it for measles, if the difference were always and everywhere so well marked. But it is not so at all. There are cases, it is true, but only a few, in which the spots are large and very jagged and of as lively a color as in measles, and in these cases also, in several spots, confluence may be observed, but, that these cases come under the head of rotheln, must be established by other and much less simple and obvious modes than by mere inspec-

tion of the eruption, and otherwise than by an exclusive regard to the exanthem, which, in most cases, is quite sufficient for the settling of the question. These cases, no doubt, are the cause of the confusion which still prevails upon the subject of rotheln.

As regards the origin of the eruption, I was not able, in cases to which I was called early, to observe an evident initial erythematous reddening of the skin. At the most, children in a fever, packed in warm feather beds and sweating, presented a moderate injection of the skin corresponding to such a state. I will not deny, however, that here and there, partial or tolerably general erythema was present. This appears sometimes also in other acute exanthems as measles, scarlatina, varicella, and especially small-pox as an injection introducing to the special eruption, and, hence, there is no reason *a priori* to doubt that it may also appear in case of rotheln.

A few spots first show themselves on the face and then upon the back, they advance rapidly, and very soon, in a few hours, attain their highest degree of development. I have often had occasion to observe how the exanthem is in full bloom on the face, neck, and upper part of the back, while, on the extremities, especially the lower part of them there was hardly a sign of a spot to be seen, and, when finally, after from twelve to twenty-four hours they had reached these parts also, in the maximum of their development, and that, as already noted, was much below the maximum of the upper extremity, then the spots which appeared first were often hardly to be seen. The fading out was rapid and complete, the slight degree of swelling had disappeared, while naturally, after the brief course of the spots there was no discoloration. Thus it happened that a maximum of the disease, all over the body, was never observed at one time, not even in a case where the greatest increase of temperature occurred at the time of the formation of the eruption on the extremities, whereby the injection of the spots on the face and the back continued much longer than usual. These points also distinguish rotheln from measles, in which the latter disease, often days before the appearance of the roseola, a slight knot-like deposit may be seen, while measles, also, are characterized by the extraordinary concurrence of the maximal development of the spots in all parts of the body.

Corresponding with this state of things the duration of the eruption of rotheln is short; from its first appearance on the face to its disappearance on the legs is about three days. The duration of the maximum in different parts of the body is much less, half a day at longest, even often only a few hours. Under the more severe development of the exanthem of measles its much longer duration is not remarkable. In this epidemic of rotheln, as well as in others, I have never seen the least trace of disquamation.

Far more decisive, although in some cases less apparent, is the state of the temperature. I failed to find the increase of this, noted by Emminghaus, who always observed it, in many cases, at least in the period during which they came under my observation. I freely admit, especially with regard to a case seen some time ago, (S. A. Jahrb. II, S. 256.)

that here also trifling increase of temperature might have been present before this time, yet heard nothing of it directly nor was its existence particularly probable from what I could learn from the parents. Only in very few cases was there any elevation of temperature during my observation. That which is most noteworthy in this connection is the fact that now in some cases, a higher temperature was observed than I had previously noted in rotheln and that, in cases entirely uncomplicated, and, as one would conclude from what has been said about the exanthem cases, which were by no means severe.

[TO BE CONTINUED.]

Medico-Legal Department.

NOTES FROM ALBANY, NEW YORK.

Last winter a law was enacted by the legislature of this state to regulate the practice of medicine. This law gives the censors of each of the county medical societies equal privileges and imposes the same duties. The result indicates a disposition on the part of the Allopathists to perform the duty required so thoroughly that Homœopathic and Eclectic physicians have not only nothing to do, but have themselves been repeatedly subjected to vexatious annoyances by the arrogance of the so-called regulars. In three counties have nearly all the Homœopathic and Eclectic physicians received notice to appear before the board of censors of the Allopathic county society. This winter the Allopathists have attempted to modify the law so as to make it applicable, to as great an extent as practicable, by themselves only. The law of last year reads, "The censors of each medical society." The proposed admendment of this year reads, "*The board of censors of the county society,*" recognizing the existence of one only in each county. This is simply another attempt to ostracise all physicians and organizations which are not entitled to membership or representation in the American Medical Association. I hope you will publish in your next issue the enclosed copy. It is the form recommended by the committee on legislation of our state society.

I notice that Dr. Brinton, (*Reporter*, page 234,) has published the proposed form as presented a few days ago by the Allopathists to our legislature. Bills for the creation of Health boards have been defeated this winter in Indiana, Ohio, and New Jersey. Bills to regulate practice have been defeated in Michigan and Tennessee. There is such a bill now before the legislature of New Jersey, providing for a board of censors, composed of four Allopathic, three Homœopathic, and one

Eclectic physician. In my opinion there should be *equal* representation.

H. M. PAINE.

ALBANY, N. Y., March 26.

An Act to amend chapter four hundred and thirty-six of the laws of eighteen hundred and seventy-four, entitled: "An Act to regulate the Practice of Medicine and Surgery in the State of New York," passed May eleventh, eighteen hundred and seventy-four.

The People, etc.

SECTION I. Section one of the Act entitled, "An Act to regulate the Practice of Medicine and Surgery in the State of New York," passed May eleventh, eighteen hundred and seventy-four, is hereby amended so as to read as follows:

Every person who shall hereafter practice medicine or surgery in this state, unless such person be authorized to practice by a license, or diploma from some chartered school, medical society, or state board of medical examiners of some state in the United States, shall obtain and is hereby required and directed to obtain a certificate from the board of censors of some one of the medical societies of this state, either of a county medical society in the county where such person shall at the time reside or practice, or from a state medical society, or from the state board of medical examiners, which shall certify, that the board of censors of such society, or the state board of medical examiners, have examined and do find the person named in such certificate, and to whom the same shall be issued, qualified to practice all the branches of the medical art mentioned therein; which certificate shall be attested by the signatures of the censors, or examiners holding the examination, and the seal of such society, and for which the usual fee required by the society shall have been paid, all persons to whom such certificate, license, or diploma, is granted, shall, before they engage in the practice of medicine or surgery in this state, cause a copy of such certificate, license, or diploma, to be registered in the office of the clerk of each county in which such person or persons shall from time to time reside or practice.

And the clerks of the several counties of this state, shall procure and keep suitable and proper book or books, in which they shall record such certificates, attested as aforesaid, and such licenses or diplomas whenever presented, to be registered upon the payment to them of the same fee as required to be paid for recording conveyances of real estate, and shall index in alphabetical order the name of the person to whom such certificate, license, or diploma, has been granted, noting therein, opposite to the name indexed, the book and page where such certificate, license, or diploma is recorded, the date of the instrument and of the recording of the same.

SEC. II. Section two of said Act is hereby amended so as to read as follows:

The censors of each medical society aforesaid shall notify all unregistered practitioners of medicine and surgery of the terms and requirements of this Act, and shall request such persons so notified to comply with said requirements within thirty days after such notification; and if such persons shall not within the time specified in the notice, or within such further time as may be allowed by special arrangement with said censors, not exceeding ninety days, comply with the requirements herein made of unregistered physicians or surgeons, as the case may be, such unregistered practitioners shall hereafter be subject to all the provisions and penalties prescribed by this Act for any violation of the same. All unregistered practitioners shall, on receiving notification from the censors of one or more county societies, *elect* to which of them they may prefer to make application, and shall so notify personally or in writing, the chairman or any member of said board of censors. In case only one legally organized society exists in the county in which unregistered practitioners may reside, they shall be permitted to make application to the censors of any other county society, to the end that they who may prefer to be recognized as Allopathic, Homœopathic, or Eclectic practitioners, may have opportunity to secure an impartial examination by a board of censors of either of the schools named.

SEC. III. Section three of said Act is hereby amended so to read as follows :

It is hereby declared a misdemeanor for any person to practice medicine or surgery in this state who shall not cause to be registered in the county where said person shall reside, a copy of such certificate, license, or diploma, as described in the foregoing sections of this Act, either prior to or within twenty days after the time named for the convening of said censors, in the notice prescribed in section two as amended of the Act hereby amended, or who shall practice under cover of the record of a certificate, license, or diploma, fraudulently or illegally obtained; and any person found guilty of such misdemeanor shall be punished, for the first offense, by a fine of not less than fifty dollars nor more than one hundred dollars; and for any subsequent offense, by a fine not less than one hundred dollars nor more than five hundred dollars, or by imprisonment in the county jail not less than thirty days, or by both such fine and imprisonment.

The district attorney in each of the counties in this state shall ascertain, at least twice in each year, from the officers of the several county medical societies in each county, or from any other reliable source, information concerning any violation of this Act, and it is hereby made the duty to present cases of alleged violation to the grand jury of the county and to prosecute the same. All fines collected under the provisions of this Act shall be paid over by the district attorney to the county treasurers of such county.

Medical News.

Died.— Dr. S. Searles, New Castle, Pa., on February twenty-fifth.

Dr. Wm. H. Watson has been appointed examining surgeon of pensioners, in Utica, N. Y., vice Dr. Charles B. Coventry.

Dr. L. M. Lee, of Dorchester District, Boston, Mass., has associated with him in practice James T. Sherman, M. D., formerly of Pawtucket, Rhode Island.

Prof. E. Ludlam sails for Europe May thirteenth. We are glad he is at last able to take a much-needed recreation, and hope he will have a pleasant time among our trans-Atlantic brethren, and a safe return. He promises to write now and then. He wields a facile pen, and will no doubt give us very interesting letters.

Principles, Practice, and Progress of Homœopathy, is the title of a little tractate that has had an extensive circulation. Halsey Bros. have just published a new edition; price \$1.50 per hundred. Our readers will find it just the thing to call attention to the merits of our system in a quiet way. Scatter tracts and increase your business.

Hahnemann Hospital Clinics.— The clinics for the spring term in the Hahnemann Hospital, Chicago, are as follows:

Prof. Mitchell,	Medical,	Tuesday,	11 A. M.
Prof. Ludlam,	Woman's,	Wednesday,	11 A. M.
Prof. Woodyatt,	Eye & Ear,	Wednesday,	1½ P. M.
Prof. Danforth,	Surgical,	Thursday,	11 A. M.
Prof. Hall,	Children's	Friday,	11 A. M.
Prof. Beebe,	Surgical,	Saturday,	11 A. M.

Publications Received.— Hoynes's Annual Directory of Homœopathic Physicians of Illinois, for the year 1875; containing also a list of Homœopathic physicians in Indiana.

Looks neat.

We are sorry that the physicians of Iowa did not respond to the doctor's request, so that we could have had a printed list of them also.

Milwaukee Homœopathic Pharmacy Catalogue and Price-list of Medicines, etc., for sale. By this we would judge that our sister city has a pharmacy that is an honor to her as well as to the profession.

To the Secretaries of Medical Societies.— Now is the time to advertise the coming meetings of your societies. Those that meet in May and June should be noticed at once. This plan will secure a good attendance. First, advertise it in a general way. Second, advertise each member of all the committees. Third, advise each physician who should be present, of the date and place of meeting, and the full bill of fare. Urge everybody to be present, and everybody to contribute, whether present or not.

Let every one of our readers contribute something to every society meeting they are expected to be present at. Be sure your contribution is present if you are detained. If invited to a party and unable to be present you would esteem it a privilege to send "compliments and regrets." Why should not the thousand absent members of the American Institute send their "compliments and regrets." How such words of cheer would add to the interest of the meeting. Try it.

Removals.— F. Woodruff, from Ann Arbor to Detroit, Mich.
 G. C. McDermott, from New York City to Warren, Pa.
 W. J. Earhart, from Fremont to Omaha, Neb.
 A. M. Pierson, from 30 to 24 E. 127th St., N. Y.
 Mrs. W. W. French, from Wilson to Ballston, N. Y.
 S. F. Stimpson, from Michigan Bar to Cossumnes, Cal.
 Dr. J. W. Vance, of Lawrenceburg, Ind., has removed to College Hill, hoping the change may benefit his wife's health.
 Dr. A. C. McChesney, formerly of College Hill, Ohio, has entered into partnership with Dr. Bradford, of Cincinnati.

State Societies.— The Illinois State Homœopathic Medical Society will meet in Chicago, May 18th, 19th, and 20th.

The Indiana Institute of Homœopathy meets May the 4th.

The Iowa Homœopathic Medical Society will meet at Marshalltown, May 26th.

The Kansas Homœopathic Medical Society meets on May 5th.

The Michigan Homœopathic Medical Society meets May 19th.

The Nebraska Homœopathic Medical Society meets in Nebraska City May the 18th.

The Texas Homœopathic Medical Association meets on May 20th, at Houston.

The Ohio State Homœopathic Medical Society meets on the 11th and 12th of May, at Columbus.

The Wisconsin State Homœopathic Medical Society meets June 24th and 25th, at Milwaukee.

The Minnesota Homœopathic Institute will have its next session at Minneapolis, June the 1st.

The American Institute of Homœopathy will convene on June the 8th, at Put-in Bay.

The Twenty-eighth Session of the American Institute of Homœopathy will be held at the Beebe House, Put-in Bay, Lake Erie, commencing on the third Tuesday in June next [June 15, 1875], and continue four days. Chairmen and members of bureaus are especially requested to have their reports and papers prepared for presentation. Members not belonging to bureaus, who are desirous of presenting papers, are requested to address the General Secretary at once, giving title of proposed papers. Members of standing committees are notified to have their reports in readiness for presentation.

Applicants for membership may obtain blanks by addressing the General Secretary. Blanks must be filled by stating the full name and address of applicant and time and place of graduation, and be attested by three members of the Institute personally acquainted with the applicant. Applications for membership thus prepared should be forwarded to the General Secretary not later than the fifth of June.

All papers forwarded to the General Secretary will be properly disposed of.

A circular will be issued by the Committee of Arrangements prior to the meeting, which will give full information on all subjects connected with the meeting.

Rooms may be now engaged [*bona fide*] by addressing Mr. H. Beebe, Carlisle House, corner of Sixth and Mound streets, Cincinnati, Ohio. Price of board per day, \$2.50.

918 North Tenth St., Philadelphia.

ROBERT J. MCCLATCHEY,
 Gen. Sec'y.

Where is Put-in Bay?— Please to give in your journal the location of Put-in Bay, the place of the next meeting of the American Institute. I cannot find any account of it, whether the north or south part of Lake Erie. If you can give any location of it, please do so in your next issue, as it interests us all, and we can get no account of it here.

BANGOR, Me.

WM. GALLUP.

[It is on Bass Island, Lake Erie; so says our new county map of

Ohio. The Post-Office Directory says, "Put-in Bay, Ottawa, Ohio." from which we would infer one has to go to Ottawa, Ohio, and from there to Put-in Bay by boat. Eastern members can reach it from Buffalo, Cleveland, or Sandusky City. Western members, from Toledo, Detroit, or Chicago.]

Boston University Medical School.—The Commencement exercises were conducted in Tremont Temple, in the presence of a highly intelligent and appreciative audience, which filled the large hall notwithstanding the most violent storm of the season. The platform was occupied by the President and Trustees of Boston University, the Faculty of the Medical School, and the graduating class, besides a number of prominent gentlemen, among whom were Gov. Gaston, Hon. Alex. Rice, Hon. Jos. H. White, ex-Superintendent of Education, John D. Philbrick, and others. Music by the Germania Band and the most tasteful floral decorations in great profusion lent a charm and grace to the proceedings in strong and grateful contrast to the storm without.

The exercises were opened by invocation pronounced by the Rev. David Patten, D. D., and after an overture by the orchestra, followed the address of the Dean of the Faculty, Dr. I. T. Talbot.

This was followed by the reading of dissertations by T. C. Gallison, M. D., on Mental Therapeutics; A. H. Tompkins, M. D., on the Homœopathic Law; Mrs. A. S. Morse, M. D., on Diphtheria; D. S. C. Kavalgian, M. D., on Medicine in Turkey.

Gov. Gaston followed in a few well-chosen remarks, congratulating the University and Medical Faculty on the success which had so far attended their efforts, and expressing sincere wishes for their continued prosperity.

Then came the address of the President, Wm. F. Warren, S. T. D., on the New Medical Education.

At the close of his address, which was received with evident enthusiasm by all present, the President conferred the degree of Doctor of Medicine upon the following gentlemen and ladies who had successfully passed their examinations:

A. H. Allen, Boston; G. Allen, Bath, Me.; M. P. Browning, M. D., New York; S. Calderwood, Belfast, Me.; F. B. Clock, Boston; C. S. Collins, Loudon, N. H.; J. J. Connolly, Boston; R. L. Dodge, Portland, Me.; E. W. Foster, Boston; J. C. Gallison, Bridgton, Me.; Mrs. M. A. Garrison, Syracuse, N. Y.; Mrs. A. E. Gilbert, Boston; Mrs. T. E. Goodwin, Weymouth; Mary B. Harris, Andover; J. W. Hobart, Melrose; Caroline A. Hurd, Taunton; H. M. Irwin, Galesburg, Ill.; D. S. C. Kavalgian, Adapazar, Asia Minor; A. L. Kennedy, Newcastle, Me.; G. A. T. Lincoln, Boston; Mrs. M. D. M. Matthews, Providence, R. I.; Mrs. A. S. Morse, Salem; Geo. Morse, Salem; J. H. Osgood, Boston; G. H. Payne, St. Johnsbury, Vt.; F. L. Radcliffe, M. D., Brooklyn, N. Y.; B. A. Sawtelle, Sidney, Me.; M. E. Smith, St. Johnsbury, Vt.; S. A. Sylvester, Fitchburg; A. H. Tompkins, Boston.

The Valedictory Address to the graduates on behalf of the Faculty, was then delivered by Prof. H. B. Clarke.

This was responded to by E. W. Foster, M. D., on behalf of the graduating class, in an eloquent address. This concluded the public exercises, which elicited repeated expressions of the warmest sympathy and applause from the audience.

The graduates then assembled at the Tremont House, where they were entertained at supper by the Faculty, an occasion which will be long remembered by all present.

THE
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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

ADEL, Ia., April 7.—During the month of March we had a severe epidemic of scarlatina and tonsillitis.

J. F. IRIVN.

RENSSELAER FALLS, N. Y., April 7. — The principal diseases prevailing are colds, diphtheria, influenza, and pneumonia, and I have had several cases of acute and chronic inflammation of the bladder.

G. W. RANDALL.

BOSTON, Dar. Dist., April 8.—The prevailing diseases have been influenza, angina, pneumonia, and measles. The remedies mostly relied on were *Bell.*, *Bry.*, *Ipecac.*, *Phos.*, *Merc. bin.*, and *Kali bich.*

L. M. LEE.

MORRISON, Ill., April 7. — The prevailing diseases for the past three months, and at the present time, are diphtheria, scarlatina, pneumonia, tonsillitis, influenza, neuralgia, bronchitis, laryngitis, and erysipelas. Not as much sickness for the past ten days.

R. B. JOHNSON.

CALDWELL, Ky., April 3.— It is quite healthy here now; a few bad colds and some chronic cases. Influenzas have been abundant, but as the weather moderates they get lighter and fewer.

E. N. AMOSS.

MINNEAPOLIS, Minn., April 7.— Have had occasional cases of diphtheria through the winter, but not as severe nor frequent as in autumn months. In February and March gave us many cases of vesicular bronchitis in children; also a few cases of typhoid pneumonia in adults.

W. H. LEONARD.

TIDIOUTE, Pa., April 12.— Referred in last number (April 1.) to prevalence of *Bell.* (c. m. in place of 9 c.) cases. It may serve a good cause to know that since then have had scarlatina of the *Bell.* type quite prevalent; as a prophylactic acts well also; one family in particular; severe case; *Bell.* to others, and no other case in household.

J. G. GILCHRIST.

[Is this the epidemic that was prognosticated in his last report? Will not our remedies be good disease barometers?]

COLUMBIA CITY, Ind., April 8.— The prevailing diseases this spring have been pneumonia and catarrhal fever. *Bryonia* seems to be indicated in most cases; in fact this seems to be a *Bryonia* climate. Had a case of pneumonia which was fast merging into typhoid form under the low dilutions (*Bry.* 1 to 3), but arrested it promptly in twenty-four hours with *Bryonia* 200. Am having good success with high potencies.

W. D. SCOTT.

NEW ALBANY, Ind., April 5.— Weather pleasant; pneumonia, catarrhs, etc., disappearing. Dr. Ford, a graduate of Pulte Medical College, of the class of 1874, is in a critical condition at his home in Jeffersonville. Tuberculosis, if not thwarted, will add another victim to his many thousands. The doctor is one of our most promising young men. I still feel some hope. Dr. W. L. Breyfogle has promised to see him with me to-morrow.

A. MCNEIL.

WATERLOO, Ia., April 11.— Pneumonia, diphtheria, tonsillitis, bronchitis, rheumatism, and scarlatina have been, and are now, the prevailing diseases here. The usual Homœopathic remedies have acted promptly and effectually. Quite a number have been content to pass out of the world through the "regular" channel, while Homœopathy has managed thus far to keep all her patients above ground; but then, I presume they all got well themselves.

J. H. CRIPPEN.

PADUCAH, Ky., April 5.— Pneumonia and other chest diseases prevailed last month, yielding to the usual treatment of our school. Have noticed a tendency to relapse when about to recover, but then restored rapidly and completely. A few cases of sore throat, and some dysentery. One case of pneumonia was such only on the tenth day for ten or twelve hours, having occurred in an old case of bronchitis of years standing; bronchitis very distinctly diagnosed; at the same time

severe pleurisy for several days; no pneumonia until the tenth day; sputa then tough and pinkish. *Acon.* relieved at once; now convalescent.

J. R. PERTLE.

HACKENSACK, N. J., April 7.—We are having hooping cough with bronchitic complications. *Kali carb.* 30 has been the remedy. One little patient six months old coughed almost constantly forty-eight hours; could not nurse an instant, for coughing; a few drops of the watery solution of the medicine would almost strangulate; *Kali carb.* 30 in trituration relieved in one hour. One powder each day has in ten days cured the hooping cough. Swelling between eyelids and eyebrows has been characteristic of the epidemic.

A. P. MACOMBER.

AUGUSTA, Ky., April 10.—There has been much sickness here this winter and spring. Prevailing diseases, catarrhal fever, pneumonia, angina, diphtheria, scarlatina, and membranous croup. Catarrhal fever called for *Aconite* and *Arsenicum*; pneumonia, *Bry.* and *Phos.*; angina, *Bell.*; diphtheria, *Phytolacca* and *Merc. biniod.*; scarlatina, *Apts.*, *Arum try.* and *Bell.*; membranous croup, *Kali bich.* and *Tartar em.* Have been successful in every case. THE INVESTIGATOR is a welcome visitor. Twice a month is a fine arrangement.

R. L. HOWARD.

GREAT BELT CITY, Pa., April 12.—In the beginning weeks of last winter we had severe snow storms, following which were many severe colds and neuralgias, then acute bronchitis and quinsy. *Aconite tinct.* relieved the first two troubles; *Merc. viv.* 3, with a warm compress around the neck, the second two. This latter application cured about forty horses of quinsy about a year ago.

A few cases of scarlatina simplex calling for *Bell.* and *Gels.*, and some malignant sore throat, called diphtheria, have been met recently.

P. S. DUFF.

SPRING VALLEY, Minn., April 12.—It has been a trying time in this locality of late for consumption, the young and middle aged gradually wasting away, while those of advanced age are taken suddenly with a very severe chill, followed by high fever (adynamic), orange-colored expectoration; no severe pain, but great oppression of breathing, and sense of constriction in the region of the heart, which is best relieved by *Cactus* 2 and *Nitrum* 1. It is hardly necessary to add that the majority prove fatal.

Arsen. iod. was the principal remedy used in curing an interesting case of dropsy which was given up to die within three days by my dearly-beloved Allopathic brethren. Hope to send you a report of the above case soon.

C. H. WAGONER.

OSAGE, Ia., April 8.—I have tried to write you a line before this, but press of business has prevented. Last year we had severe and prolonged epidemic of scarlatina. Many cases proved fatal under Allopathic treatment. I lost but two; one died from the effects of *Laudanum* administered by an officious nurse, and the other was scarlatina anginosa combined with diphtheria. Typhoid pneumonia

among adults, and catarrhal croup and congestion of the lungs among children, are prevailing here now. The latter yield readily to *Acon.*, *Kali bich.*, *Hepar sulph.*, and *Ipecac.* I had a severe case of the former, a lady aged about forty-five, with a strong tendency to run into phthisis pulmonalis. *Bapt.*, *Ars.*, and *Phos.* worked like a charm. She had never tested Homœopathy previously, and is now a thorough convert. Homœopathy has a firm foothold here, and people are awaking to see its beauties and benefits every day. P. J. MONTGOMERY.

WASHINGTON, D. C., April 11.—The diseases which have caused the largest mortality in Washington during the winter are as follows, for the six months ending March 31:

Disease.	White.	Col'd.	Total.
Phthisis pulmonalis	189	166	355
Pneumonia	140	162	302
Whooping cough	22	53	75
Congestion of lungs	27	22	49
Measles	28	20	48
Bronchitis	17	28	45
Typhoid fever	25	14	39
Apoplexy	24	14	38
Inanition	19	21	40
Congestion of brain	24	13	37
Convulsions (infantile)	42	56	98
Paralysis	13	15	28
Total	550	584	1,134

The white population is 110,000, and the colored population 40,000.

The epidemic of measles we have had here this winter has been a most malignant one. Most of the cases were very severe ones, especially those among adults. I have not lost a patient from any of the above diseases except the first, and I think that is the experience of all the physicians of our school here. C. W. SONNENSCHMIDT.

MORRISTOWN, N. J. April 9.—At present sore throat seems to be the rage. Many of the cases are called diphtheria, but I think it an error, as I have not met with a case of well-developed diphtheria. My cases are mostly controlled in a few days by *Bell.* or *Merc. sol.* I had one nice case of erysipelas of the face a few months ago: Mr. ———, aged forty-five; third attack began on the end of the nose; swelling increased rapidly, and soon he could not see, the eyelids being swollen shut; color of affected part, a bright red; high fever, and pulse rapid. I put him on *Bell.*, one drop of the tincture in half a glass of water; dose, a teaspoonful every hour; also, I had the face painted several times a day with a mixture consisting of one part tincture of *Belladonna* to twenty parts *Glycerine*. By the third day the fever was entirely controlled. As there was a few vesicles I gave a few doses of *Rhus tox 3*, and on the sixth day my patient took dinner with his family, and did the "carving;" has been well since. At the time, my brother, who has been practicing the past six years in Bombay, India (an Allopathic practitioner), was visiting me, and I took him each day to see the case. He was very much surprised to see the

effects of, to him, so small a dose. He has since returned to India, but with a greatly-increased respect for the "little pills" he so often saw me use. Have had several very interesting cases lately, but have already taken up too much of your time and space. With my best wishes for the success of THE INVESTIGATOR, I am,

E. D. DOOLITTLE.

CONCORD, N. H., April 8.—THE INVESTIGATOR, under the new arrangement, is the same welcome guest that has long helped to cheer and lighten my professional cares. I have just finished reading the last number, and am proud to know that our school supports a journal of so much practical worth. However, having always claimed the inalienable right of finding fault as one of my special prerogatives, I will express the hope that we may never again have such a typographical infliction as the number for March 15. What was the matter? Were the commas all out, or the proof-reader down with the prevailing epidemic? Surely, the "printer's devil" must have been running the office that week. [That number was got out under peculiar circumstances, and you may be thankful you got the number at all. Of course we regret the errors.—ED.]

I read the "Clinical Observations" with much pleasure, yet feel impelled to find a little fault with them. For instance, when Dr. Borcock says (p. 252) that in eighteen months he has cured *one hundred and fifty* cases of diphtheria with *Cyan mer. 3*, I am constrained to say, with Dr. Campbell (p. 294), that "I consider it a great mistake for physicians to so frequently call this disease [angina] diphtheria." My observation has been that for every case of true diphtheria we meet a great many cases of tonsillitis and simple angina; and unless Dr. Borcock's experience is different from that of physicians in New England, he surely must find Rockville Centre a perfect paradise for doctors. *One hundred and fifty cases of diphtheria cured with Cyan. mer. 3!* I pass. Next!

Again, isn't it just a little ridiculous for Dr. Cushing, of my own State (p. 250), to say that bronchitis, pneumonia, and *bilious colic* are the prevailing diseases? and equally so for Dr. Green, of Fort Wayne, Ind. (p. 294), to place *membranous croup* among the prevailing diseases in his locality? If bilious colic ever prevailed epidemically I certainly didn't know it before; and if membranous croup is met with often enough anywhere to be called a "prevailing disease," it must certainly be a very croupy locality. I remember once attending the annual meeting of a certain Homœopathic State Society, and was regaled with the reading of an elaborate report, by an obscure physician, of *nine cases of membranous croup cured with Bryonia 200*, the entire number having occurred in the practice of a country practitioner within a few months. I did not wonder then that our wonderful "reports of cures" are sometimes ridiculed by physicians of other schools; and I beg most respectfully to suggest that it would be more to the credit of our school if we sometimes exercised greater care in our statements, even at the risk of spoiling a big story. A fifteen years' practice in a community where diseases of the throat and lungs prevail to a great extent has

convinced me that true membranous croup is an exceedingly rare affection; and when it is talked of as an "epidemic" or "prevailing disease," it is evident that accurate diagnosis can hardly be claimed as one of the strong points of the observer.

A word concerning the "prevailing diseases" in this locality, and I am done. In January last an eruptive disease broke out in our schools, hundreds of children and some adults having it. The eruption somewhat resembled measles in a very light form, the catarrhal and throat symptoms being scarcely noticeable, and the patient rarely ever being sick enough to take their beds, convalescence being reached in from five to ten days. The disease was variously named by our physicians, either roseola, German measles, Dutch measles, mock measles, or rash being the designation used. Was it rotheln? [It corresponds to that disease. A good description of rotheln will be found, commencing on page 312.—ED.] For the past three months throat and lung affections have largely prevailed. A few cases of *genuine* diphtheria, two of which proved rapidly fatal in my own hands, much angina, a severe epidemic of influenza, catarrhs too numerous to mention, and pneumonia in a severe form, will give a picture of the most unhealthy winter in this section for fifteen years. The cases of influenza were usually very severe, and strongly disposed to become pneumonic. The treatment I found most efficacious was *Veratrum viride* tinct., ten drops in half a glass of water, two teaspoonfuls every hour, or oftener, during the febrile stage, and *Tartar emetic* 2 for the supervening cough. Of course this treatment was sometimes varied, but usually it was sufficient. In pneumonia I have usually found *Aconite*, *Bryonia*, *Phosphorus* and *Tartar emetic*, given according to indications, to answer every purpose, and do not think it usually wise to dabble with "new" remedies to the neglect of old and reliable ones. J. H. GALLINGER.

HEADACHE, WITH CHARACTERISTIC INDICATIONS. II. LOCATION.

BY H. V. MILLER, M. D., SYRACUSE, N. Y.

(Continued from page 346.)

1. Orbital Region.

Headache over left eye: *Aconite*, *Arsenicum*, *Bromium*, *Ipecacuanha*, *Lilium tig.*, *Mercurius iod. ruber*, *Nux mosch.*, *Nux juglans*, *Phosphorus*, *Selenium*, *Sepia*, *Spigelia*, *Tellurium*, *Theridion*.

Headache over right eye: *Carbolic acid*, *Croton tig.*, *Ignatia*, *Sanguinaria*.

Arsenicum.—Headache very severe over left eye, ameliorated by warmth.

Cundurango.—Headache; cutting pain in left temple and eyeball.

Nux juglans.—Headache over the eyes, especially the left; worse on motion.

Belladonna.—Headache only over the eyes, with photophobia.

Kali bichrom.—Headache in forehead over one eye only.

Iris vers.—Violent pain over the eye, in supra-orbital ridge, on either side, but on one side only at a time. Aggravation afternoon and evening.

Ignatia.—Intense pain over right eye and apparently through the supra-orbital foramen. Pains as if a needle were pushed through into the brain. Pressure from within outward.

Mephitis.—Headache with pain in the eyes and weakness of sight.

Theridium.—Headache behind the eyes (*Apocynum can.*).

Zinc.—Stitching pain in right eye. Chronic cases.

Belladonna.—Throbbing, cutting pains in right temporal region, in eye and face. Aggravation from noon or 6 P. M. to midnight. Sight of right eye obscure as if looking through a fog.

Carbolic acid.—Neuralgia in right eye and temple.

Chelidon.—Neuralgia pain in right eye.

Coca.—Violent headache immediately over the eyes with loud ringing in the ears.

Cimicifuga.—Headache, occipital and right temporal, intermittent. The eyeball aches and feels as if there were a shot in it. Darting in right eye at intervals during the day, but in both eyes and much more severe at night. She says she will become insane. Involuntary twitching of the eyelid. Worse from light, especially gas-light (*Natrum c.*). Worse from the least noise.

Eupatorium perfol.—Soreness of the eyeballs.

Formica subsericea.—Shooting pain in left eyeball from 11:30 to 12 P. M.

Lachesis.—Unilateral headache, creeping gradually toward the left side until it makes a complete journey around the head. Strong, deep, pain in orbit and over the eyes, which are very red and injected.

Lilium tig.—Dull and sharp pains, particularly over the eyes. Right side of head most affected. Fullness in head, especially over the eyes. Dull pain over the eyes. The eyes feel sore.

Psorinum.—Pain begins over left eye and goes to the right. Aggravation by change of weather. Inordinate appetite. Dizziness obliging to lie down.

Theridion.—Suddenly in the morning pressing pain over left eye, aggravated by the slightest motion, talking; simultaneously nausea, with retching; better from drinking warm water. Throbbing over left eye and across forehead; also slightly in right eye, with nausea on rising from a recumbent position, like seasickness.

2. Temporal Region.

Agaricus.—Stitches in left temple.

Aloe.—Stitches in the temples at every step.

Argentum nitric.—Pain in one of the temples, or frontal protuberances or one-sided.

Arnica.—Boring, bruise-like pain in left temple, with throbbing of the temporal vessels; desire to press firmly against something (see

Sanguinaria, *Stramonium*), and to remain quietly reclining, with the head low.

Belladonna.— (See Sensations.)

Cactus.— Pain in right temple paroxysmally, often caused by a glass of wine, late dinner, etc.

Carburetum sulphuris.— Stitches in left temporal region drawing into occiput; violent pulsating pains in the temples on awakening in the morning; could not find rest anywhere, lasting until breakfast; flying pains in right temporal region; drawing pains in temples; tearing frontal headache, goes toward temporal bones; pressing pain in forehead, going from frontal eminence toward left temple, with single tearing pains in this direction.

Chelidon.— Ticking like a watch in right temple; dull pain in head, with pulsation in temples.

China.— Stitches from one temple through to the other (*Alumina*, *Chelidonium*, *Phosphorus*, *Sanguinaria*).

Coca.— Dull pain over left temple; pressing pains in right temple, as if a nail were driven in; headache in the morning in right temple; sharp pain on first rising, and all day whenever looking up; the pain darts from the temple in a straight line to vertex (*Natrum sulph.*) and leaves a sore feeling behind; it hurts through the same place when coughing.

Cuprum.— Stitches in temples, with redness of the eyes; sharp, burning stitches in left temple and vertex.

Cyclamen.— Stitches in left temple and forehead, with dizziness.

Eupatorium perf.— Darting pains through the temples, with sensation of the blood rushing across the head through left temporal region.

Eupatorium purp.— Dizzy, with deep, dull, aching pain.

Gelsemium.— Shooting, pressive pains through temples and frontal sinuses, with fever, brilliancy of eyes and loquacity.

Jacaranda.— Dull pain between forehead and right temple, shifting to the other side, and then disappearing.

Kali bichrom.— Stinging pain in one temple.

Lachesis.— Unilateral temporal pain, with palpitation; stomach bloated.

Lilium tig.— Pain in temple, increased by pressure; shootings in temples, alternating from right to left; bursting fullness in temporal region.

Lycopodium.— Pain in temples, as if being screwed toward each other (*Belladonna*); headache, as though the head were screwed together from side to side. (See *Spongia*, frontal region.)

Naja trip.— Temporo-frontal headache, with great depression of spirits; spinal pain and palpitatio cordis.

Natrum sulph.— Headache, tearing pain in right temple, extending to vertex (*Coca*), 4 P. M. until A. M., etc.

Nux moschat.— Stinging pains in temples outwardly; headaches in temples, with very dry mouth and no thirst (*Mercurius*); very moist tongue, with great thirst.

Phosphorus.— Severe pain in left temple, like sticking the parts with

a knife; pains shoot through from one temple to the other (*China*, *Sanguinaria*), and at times fly through to the occiput; paroxysms, preceded by dimness of sight, and accompanied by nausea.

Sanguinaria c.— Shooting pains from one temple through to the other (*China*, *Phosphorus*); headache better by pressing occiput against something hard; pains in the head in spots, with soreness, especially in the temples.

Sabina.— Headache, especially in temporal eminences, right side, suddenly appearing and slowly disappearing.

Sarsaparilla.— In temples, pressing from the ear.

Spigelia.— Pressing headache, chiefly in right temple.

Spongia.— Violent, tearing headache in left temple, close to the orbit, causing also a pressing sensation in the outer half of the eye; stitches in the temples; sharp stitches in the left temple externally, extending into forehead.

Staphysagria.— Aching pain in left temple (*Tarazacum*, *Theridion*).

Stramonium.— Sticking and stabbing pain in right temple 8 P. M. until he fell asleep.

Tarazacum.— Aching pain in right temple (*Staphysagria*).

Theridion.— Stinging in left temple.

3. Frontal Region.

Aconite.— Frontal cephalic pains predominate.

Aloes.— A peculiar, dull, pressing pain in the forehead; cannot think nor exercise.

Alum.— Throbbing frontal headache, aggravated by stepping and by going up stairs.

Ammonium c.— Scanty menses, always attended with frontal headache.

Belladonna.— Frontal headache, with sense of pressure, fullness, vertigo, drowsiness, nausea; eyes red and glistening (see *Gelsemium* in temporal region); head feels large; aggravation by stooping, noise, heat, motion, looking at shining and glistening objects; amelioration by pressure, lying down (?), leaning the head against something, quietude.

Bryonia.— Fullness and heaviness in forehead, as if the brain were pressed out; better from closing the eyes and from external pressure; worse from motion, opening and moving the eyes, stooping, and in the evening.

Carbolic acid.— Dull pain over root of nose. (*Moschus*.)

Chin. sulph.— Frontal headache where the frontal bone verges toward vertex; a shaking pain; she feels every step; it rises up in the head toward noon, when the chill begins.

Crocus.— Sudden acute pains below the left frontal eminence.

Eupatorium perf.— Frontal aching.

Eupatorium purp.— Dull, heavy headache, severest in forehead.

Hepar sulph.— Aching in forehead like a boil.

Juglans regia.— Sharp frontal headache, relieved by going into the open air, and returning on entering the warm room.

Pulsatilla.—Frontal headache with yawning and great sleepiness. Pulsation in both temples.

Lilium tig.—Burning headache through sinciput, continuing into the night. Pressing frontal pain and heat. Soreness in forehead and eyes. Dull frontal headache.

Lactic acid.—Pain in forehead over eyes, first dull and heavy then sharp and severe, extending into left eye.

Magnesia mur.—Violent bursting pain in forehead and eyes, worse from motion and fresh air; must lie down; better from strong pressure.

Menyanthes.—Pressing pain in forehead and temples; a pressing from above downward in the head, temporarily relieved by a firm pressure with the hand. Pressing headache, much worse on going up and down stairs, when it seems as though a heavy weight lay upon the brain, which presses outward at the forehead. Pressure in forehead from without inward, or in the temples a lateral inward pressure with pressure in eyeballs. Relief by pressure.

Mercurialis.—Aching in forehead relieved by cold and pressure. Shooting in left forehead and temple extending obliquely downwards; vertigo on stooping; vomits food as soon as eaten.

Myrica cerefera.—Heavy frontal headache in the morning on rising. The pain is in the forehead and temples, and is attended with pain in the nape of the neck and small of the back. Also hunger with sensation of great fullness in stomach and bowels. Better in open air.

Naja tripuj.—Tempero-frontal headache with great melancholy, spinal pain and palpitatio cordis.

Natrum sulph.—Pressure in forehead, particularly after meals. Pressing pain in right side of forehead, returning periodically. A pressure in frontal region as of a hard substance. Boring frontal pain for an hour so violent that he thought it would burst.

Nux vom.—Headache in the forehead as if the eyes would be pressed out, or occipital pain.

Psorinum.—Headache as from a heavy blow on the forehead, waking him at night.

Sarsaparilla.—Pressing in left side of forehead; also in forehead and occiput; also in right frontal protuberance. Tearing in the whole frontal region.

Spongia tost.—Pressure in left frontal region. In the head, sensation as if everything were pressing out at the forehead. Violent pressing in forehead and occiput simultaneously as if both parts were being pressed against each other, at noon. Dull, pressing pain in right frontal protuberance from within outward; worse while sitting, on entering the warm room after walking in the open air, and from looking at anything sharply; better when lying in a horizontal position, especially when lying on the back. Pressing in forehead. Stitches as from a needle passing transversely across side of forehead.

Staphysagria.—sensation of a round ball in forehead firmly seated, even when shaking the head. (Compare *Conium* and *Veratrum*.)

Tartar emel.—Heavy pain in forehead alternately increasing and

decreasing ; great restlessness, especially of upper extremities ; frequent yawning, such as usually precedes syncope, with feeling as if about to faint ; cold, clammy sweat, chiefly on forehead and face.

Veratrum alb.— Frontal headache with nausea, vomiting, and fever.

4. Nose.

Aconite.— Cramp or sensation of pressure at root of nose (*Glabella*), a source of much distress.

Angustura, Arsenicum, Hepar sulph., Sepia., etc.— Pain at root of nose.

Baptisia.— Severe frontal headache, with pressure at root of nose.

Croton tig., Colchicum, Natrum c., Nitrum.— Pain extends to nose.

Natrum.— Constrictive headache, concentrates at tip of nose. Periodically.

Platina.— Crampy pain at root of nose ; catamenia too early and too profuse ; haughty or tearful disposition.

Sarsaparilla.— Shooting pains from above left ear to root of nose.

[TO BE CONTINUED.]

ILLIBERALITY.

Dr. Holcombe complains much of the illiberality of our physicians (*vide* page 299 of THE INVESTIGATOR). This illiberality is characteristic of this perverse generation. It extends not only to new-fangled doctors, but to all professions and occupations. I will give a few illustrations: General Sherman, in the late "onpleasantness," owing to this illiberality, would not arm any of his troops with bows and arrows although Alexander the Great, who was a more illustrious soldier, won his battles with such weapons. And some people now-a-days actually send letters by lightning, at least my great grand-son tells me so, and I believe people are wicked enough to do it. When I was young and people were better and happier than they are now, we went to mill on horseback with the grist in one end of the bag and a stone in the other to balance it. But now they must travel by railroads, and fly in the face of Providence by cutting holes through the mountains, for if He had intended that these holes should be made He would have done it Himself. When I was young we cut our wheat with sickles, but now they make the horses do what they are too lazy to do themselves, with machines which look like windmills. They used to spin and weave all their own clothing, now they must have it all done by machinery.

I am getting old and tired of this fast age, I want to die and rest at peace among my old friends, whom some people disrespectfully call fossils of the paleozoic period.

OLD FOGY.

SLEEPY HOLLOW, Pa.

**CAN WE USE AND PROFIT BY A PHYSIOLOGICAL
INTERPRETATION OF A PATHOGENESIS?**

A maid servant, aged twenty-three years, of powerful frame and excellent health, felt herself to be ailing during the day and especially in the evening of March 1, 1875. Her sleep that night was disturbed. March 2d, on rising, she had dull headache in the forehead, and looked as if she were ill. About 3 P. M. she had a sharp rigor lasting an hour, followed by severe headache, some back ache, and a little nausea. The night still more disturbed than the previous.

March 3d she could not get up; at 10 A. M. I found her in bed, complaining of a frontal headache so severe as to compel her to groan; sensation as though a rope were being tightened around the forehead, aggravated by motion and by the pulsations of the heart; dizziness, so she could not rise, and sensation of great weakness; excessive backache, causing almost as much suffering as the headache, chiefly in the lumbosacral region; a drawing pain extending down the thighs and calves; nausea, and a distressing constriction about the lower half of the thorax which impeded respiration; respiration, 30; pulse 110, full, not hard; skin hot and dry; face flushed, except the upper lip and about the base of the nose, which was pale in marked contrast with the red cheeks; carotids visibly pulsating; tongue dry and coated yellow; much thirst; a feeling of restlessness, yet she lay quiet, her pains being aggravated by motion.

The patient could not account for her illness, which she felt to be severe. I found that March 2d was the tenth day since her last visit to New York, on which occasion she went into an unsavory part of the city, and is believed to have been exposed to the contagion of small-pox. Was this the initial stage of variola? It was necessary to come to a conclusion on this subject very soon, that the patient, if it were so, might be removed in due season to a place where she could be cared for without damage to others. But suppose we should send her away as a small-pox patient and the disease should prove to be something else! And what else might it be? Why, if the suspicion of small-pox had not occurred to us, and we had sought only a remedy Homœopathic to the case, we should have fixed at once upon *Eupatorium perfoliatum* as covering the case; and this selection would have ruled out, if we only dared construct a physiological picture of the *Eupatorium* disease, an organic lesion of any important viscus, as well as those tissue-changes, so numerous and profound, which characterize the exanthemata. For in the *Eupatorium* proving, though we may have dyspnœa we have no evidence of pneumonia or bronchitis; though we have pains in the extremities and joints, there is no deposit, and no lithæmia; hypochondric pains, but no sign of even functional changes in the liver, nor of any in the kidneys, nor any evidence of modified blood composition. Although, therefore, no prover has yet noted the temperature of the body while under the influence of *Eupatorium*, we know that the thermometer cannot mark much above the normal standard, however severe the pains, nausea, dyspnœa, and thirst, may be. And so we felt

satisfied in concluding that, if this was indeed a case of *Eupatorium*, the temperature should not be very high. On trial we found it 98 9-10. This fact proved also that the case could not be one of small-pox. If it had been, the temperature should have been 103 to 105 degrees. A dose of *Eupatorium perf.* 200, relieved the patient in a few hours, and at sunset, though feeble, she was at her usual occupations.

Is it possible that some cases reported as small-pox aborted by remedies are of this nature ? X.

CURE FOR HAY FEVER.

Mrs. C. S. Colton, aged about sixty, of this city, has had hay fever every summer and fall for seven years, beginning in August and lasting until the winter weather fairly began, every year. For the last three years she has been under my care and treatment, with some benefit, from the very best means I could obtain, by my own experience, and all I could learn from book and the two best journals we have, *INVESTIGATOR* and *Observer*. Last August I made another prescription for her, expecting another three or four months contest as before, and prepared a solution of *Sulph. quinine*, to be snuffed up the nose, to kill the animalculæ that some suppose to exist in the nose and are the cause of the disease. I determined to make the very best fight I could against it. Having seen a prescription that a noted European physician had used successfully, in many cases, of the *Sulph. quinine*. Before taking this perscription, she heard through reliable witnesses a history of the cure of the noted Rev. Dr. Sniverly, of Brooklyn, N. Y., by wearing a string of amber beads around his neck. He had been afflicted with hay fever for many years, and was so bad he had to quit his occupation, "preaching," and resort to some watering-place, where he heard of this remedy and tried it, with very little faith, but it soon relieved him, and he used it for two years with perfect success in keeping off the disease. He then got his string of beads broken off, accidentally, and thought the disease so radically cured it would not return upon him, so he left them off and the disease returned upon him; he again put them on, and the disease was soon relieved again. This gave to Mrs. Colton sufficient faith in the remedy, to send to New York and procure a string of amber beads, at a cost of ten dollars, which she put on, and has worn them ever since with the very happy result of entirely aborting the fever, so that she has had no use for the *Quinine* to kill the little animals, or any other prescription for hay fever. She is radically relieved of it.

I do not propose to speculate about the *modus operandi* of this remedy in the cure of this disease, or of *Mercury* in syphilis, as I know nothing about how either cures. I have used quite a number of remedies claimed to cure this disease, from the hands of others, but never succeeded in doing anything more than to moderate the symptoms.

Nothing radically cures it but the amber beads, that I now know of, I therefore send this to you for publication, that all may have the benefit of it until we can do better.

J. B. VIVION.

GALESBURG, Ill., April 7.

[Jahr's Pharmacopœdia says, p. 216: "The True Amber is the Ambergris." Allen's Materia Medica gives cough and coryza symptoms to make it Homœopathic to hay fever cases.]

CLINICAL EXPERIENCE.

KREOSOTUM COUGH.

W. T., aged fifty. Has had a cough for several weeks. The following symptoms are present: Cough with vomiting of tough white phlegm, sometimes of a yellowish color; worse morning and evening, after lying down, and from exercise; *crawling below larynx which excites the cough*; perspires after coughing and feels weak; stomach swells in the evening, has to unfasten his clothes; sometimes sneezes when he coughs. Gave *Kreosotum* 12, one pellet No. 35, four times a day cured in a week.

I selected the remedy with the aid of Simmons' Cough Repertory. This little work I find of great use in finding the similitum for coughs.

SECALE SWEAT CONFIRMED.

I attended a case of labor recently, where the pain ceased, and I prescribed *Secale*, tinct., five drops in half a glass of water, teaspoonful every half hour, but without effect, as I had to resort to other means to effect delivery. But after the child was born profuse perspiration set in and continued for twenty-four hours. This I attribute to the *Ergot*, as I never had observed it before in such cases. The weather was very cold at the time. This would seem to confirm the experience of Dr. Hawley in the last U. S. INVESTIGATOR.

A. P. BOWIE.

UNIONTOWN, Pa.

TYPHOID DIPHTHERIA (?)

Charley W., a fine boy, eleven years and eight months old, had been complaining for a few days with sore throat, and cough for more than a week, as he went about as usual little notice was taken. On Saturday, March 27th, he was out with his companions but said he was too tired to play, so sat and laid down on the ground flying his kite. The boys say he laid on the ground two hours. He said nothing to his parents, and on Sunday morning he was too ill to rise and I was sent for. I found him in a very high fever; bloated, red face; tonsils both greatly enlarged, and some patches on them; breath very foul; for this condition I prescribed *Bap.* 1st dec., he rapidly grew worse, neck swelling all the day.

Monday, much worse; neck, face, and head, greatly swollen; dirty grey patches covering both tonsils and uvula; so drowsy he could only with great difficulty be roused to take his medicine; some little tendency to wander when asleep; when he was roused up, perfectly clear mind. I expected nothing but death. I gave *Bapt.*, six drops tinct. in a tumbler of water, and *Phy.* for the throat.

Tuesday, some improvement, not so drowsy. *Bapt.* 1st dec., and *Merc. bin.*

Wednesday, still improvement. Prescription continued.

Thursday morning, 3 A. M., worse; hard, dry cough, very like the cough in membranous croup; patches sloughing, which I took off, leaving a bleeding surface; throat seemed better internally, still fearfully swollen externally, no pain; face not so bloated; through the day was sinking. *Hydr.*, *Alum.*, *Cy. m.*, *Bell.*, *Kali bich.* 1. The patches reformed three times before 9 P. M. He seemed some better, took nourishment, and slept comfortably all night.

When I saw him at 7 A. M. the following morning he was dying, breath very foul, throat seemed better, could swallow easily, but the external swelling was the same.

Was not this a typhoid enlargement of the glands, complicated with diphtheria? Can these two diseases exist in the same system together? I think I am clear in calling this a typhoid diphtheria. Had there been no diphtheria, I think it would have been a putrid typhoid.

ROBERT BORCOCK.

[Was it not rather diphtheritic croup?]

GIVE US MORE DEFINITE REPORTS.

The reports of clinical observations given, are very interesting, and would be much more so if they were, only more definite; giving potency, repetition, and size of dose used, to meet the different conditions. The information gathered from such an extensive field would help many to state whether the medicine was given for its primary or secondary effects. It would help to lead to a better knowledge of the use of high and low potencies, and settle some of the differences of opinion about the alternation and rapid change of remedies.

Another point of value might be gained by giving the symptoms, or conditions, for which each remedy was given.

If each would aim at giving reports in this manner, we might attain more uniformity of practice, and give less room for caustic criticism from both outside and inside sources.

What is going to be learned from a report of a case, that a patient of a certain age was suffering from a disease, called by a name that is only conventional and indefinite in such specific information as is necessary to give a knowledge of the individualities of the case, and then say that a remedy was, or worse than that, that there were four or five given, in from ten to fifteen hours, and bye and bye the patient was

better, and because better, are we to give in this manner to such cases called by the same name? If not, what information is this to any one? Is it going to advance the cause of Homœopathy toward making it an exact science, and keep out empericism? Probably the prescriber is giving a medium potency of a remedy to be taken internally and using intermediately as well, a gargle or wash for the mouth, or inhalation from some crude drug, that, if not antidotal, is sure to so affect the system, that it will not respond to the proper and well selected remedy.

Does not Homœopathy show the fact that a properly selected remedy will have its effects constitutionally, when put in the mouth without being swallowed? Experience proves this, from the effects of a small dose of a high potency which no one expects reaches the stomach.

Now I conceive, if we would, when treating difficult cases, and failing to get improvement from the medicine given, diagnose the case again more carefully, individualize closely, and if an error in selection has been made—may be from not getting all the information at the time—and give a remedy more closely *similia*, we should not have to resort to such unscientific heroic treatment as is often done.

Look at the report from Joliet, in No. 7 of the UNITED STATES MEDICAL INVESTIGATOR, and consider the first prescription: *Acon.* 2, and *Iodine* 2, alternately, a dose every fifteen minutes from 5 A. M. to 11—six hours.

How did the Doctor expect to get the effects from *Acon.* given in alternation every fifteen minutes, and the patient inhaling *Iodine* at the same time? There was good reason for the emetic to be given at 11.

Now what are we to learn from this? Does such give any better knowledge to help us prescribe by a scientific law? What condition was there for which the emetic was *similia*? This looks like retrograding instead of advancing—throwing away compass and rudder and drifting with every fickle wind, and it is only a question of time for such *contrary* winds to send us under.

We need not be afraid to trust the indicated remedy. The action is the result of a law of nature that is as undeviating as any that governs the worlds of the universe, and will give the best results to which the vitality of the patient can respond; will improve, if the last Great Enemy has not already stamped the organs with his conditions—decay and death.

Will some of those who have the knowledge and experience, give us the best manner of prescribing the *Nitrate of amyl.* T. T.

KANTAS.

[True, Doctor! The reports are not as definite as they might be, neither is the practice of any one of us as scientific as it ought to be, still we all do the best we can. We print the best reports we get, and would gladly print model ones. Send us some, please.

The particular case referred to was not ideal Homœopathic practice, neither is that of Bœninghausen, i. e., *Acon.*, *Hepar* and *Spongia* in

rotation. Still the Doctor did progress from the wilds of Allopathy up to *Acon.* and *Iodine*. He is not the first man who has become demoralized over a case of *membranous* croup and given an emetic. This form of croup is so rare that its appearance throws most of physicians off their guard. It is right to point out faults, and more so, to show "the better way."']

NOTES FROM INDIA.

[We extract from a private letter from a medical amateur the following interesting report.]

CASE OF HÆMORRHOIDS

My first marked success was with my husband. He had suffered from piles over thirty years, had been operated on thirteen times, had consulted Allopathic and Homœopathic physicians, (among others, Dr. Hering, of Philadelphia,) and none gave him any hope of anything more than temporary relief. Four years ago—i. e., soon after our marriage—he began to suffer again so severely, that he thought he would have to throw up work. He spoke to our Station doctor (Allopathic) about an operation. I had never practiced Homœopathy, but had some medicines and a volume of Jahr, in which I saw *Sulph.* and *Nux* alternately, given as the remedy for the most obstinate cases of piles. My husband very reluctantly consented to let me give him a course, but he thought it would be only wasting time. Jahr says, the doses must be given at intervals of several weeks, but my skeptical husband would on no account consent to wait more than one week after each dose. On those terms I gave him a course of six weeks, paused two months, and gave him another course of four weeks. Before the first month was over, my husband began to improve, was soon entirely cured, and has remained well ever since—over four years. He is now sixty-eight and a half years of age. This was my first attempt at practice, and I knew nothing at all about it; gave that course just because Jahr said so, and for no other reason. Since then I have learned a good deal, and never prescribe in that way now. You may like to know that I gave the medicines week about, in one drop doses, third potency. The medicines were ten years old, tinctures.

This success, little credit though it was to me, fired me so, that I have since then taken every opportunity to learn, have some books, and fresh medicines from Schwabe, of Leipsic. These are in tinctures, triturations and globules, from the second to the thirtieth. This is small enough compared to what a regular physician has, but it is a good deal for an amateur beginner like me. It has been my prayer for two years, that if it be God's will, I may be enabled to qualify myself thoroughly for proper practice. I am young—only twenty-six—and have a reasonable hope of being able to learn, if I can only get a chance.

OBSTINATE CONSTIPATION.

My last success was with a lady, whom I saw seven weeks after her first confinement. In all those seven weeks she had never once had her bowels relieved, except by oil or enema. In other respects she was well, except that she could not stand or walk more than a minute or two, on account of a dragging sensation in the abdomen. On this latter account I gave *Sepia* x, five globules in water, and waited three days in vain. She was impatient, so I gave *Natr. mur.* x, three globules, dry. This produced a small natural evacuation next day. Nothing the third day, so I repeated the dose, with the same result as the first. About a week after I sent three doses of *Nux v. x.* to be taken on three consecutive nights. She writes me that she took them as directed, with no effect whatever at first. But on the third morning after the last dose she had a natural movement, and had had one every day since for nearly a week. The weight in the abdomen was gradually getting less. I have given nothing more, and am expecting to hear again soon.

AN EYE CASE.

These are but crude attempts, as I feel myself, but they encourage me to hope that with more study I may be able to do better. I have now under treatment a gentleman who has suffered for two years from an inflamed eye. He consulted an eminent oculist three months ago, who told him that "the muscle of the sore eye was too long, and there was nothing to be done but to cut the muscle of the *sound* eye to bring it into focus with the diseased one." Another good oculist told him that no medicines would touch his case. These were Allopaths, as you may suppose. I gave this gentleman three globules of *Nux v. x* one evening, and he was greatly astonished and dismayed to hear that he would get nothing more for a week. He did not believe in Homœopathy, and was greatly amazed to find his eyes rather better next day. The improvement continued, and in four or five days he lost all consciousness of the sore eye, which had not been the case for many months. I have followed the *Nux* with *Sulph.* and blank powders. He is now at a distant station, and sends me very meagre accounts, but the last report was, "Progress, the two eyes seem to be coming more into equal focus. Used my eyes two hours that day without pain."

I have not time now to write more, nor you, probably, to read. THE U. S. MED. INVESTIGATOR is very welcome, and very useful to me.

With renewed thanks for your kindness, believe me,

Yours very respectfully,

AMBULA CITY, INDIA, Feb. 4, 1875.

E. A. MORRISON.

[We hope this earnest student will get her wish. If any of our readers would like to increase her stock of text-books, we will gladly forward them to her.]

A CASE FOR HELP.

Please let me report a case for help. It is a patient that interests me much, and I am sorry to say, I have failed to cure him after trying hard for two and a half years.

The history and symptoms are these: At the beginning of treatment he had what was supposed to be "epizootic." Besides the symptoms that were then common to the horses, there was this characteristic one: a most excruciating pain deep in the face below the right orbit, passing up and affecting the whole lateral right half and top of the head. The pain would intermit almost entirely from about noon until 9 A. M. the next day. Continued thus for about one week, when *Syig.* 3, at intervals of two or three hours seemed to put a stop to it. But the pain having ceased, there set in a very offensive, purulent discharge from the right nostril. This discharge has continued up to this present time, and it has this remarkable feature, from the day it began until now, it intermits precisely as the old pain did. It is yellow with a tinge of green, occasionally a little bloody, discharged *generally postero-orally*, having a strong taste of potash. The *discharges anteriorly* are quite purulent, dropping on the floor like thin batter. Patient aged forty-eight, light complexion, sanguino-nervous, rather spare and lean, predisposed from early life to nasal catarrh and slight rheumatic affections. For years has not slept well, especially from 3 in the morning. Often awakes as from arrest of breathing or circulation—can hardly tell which or what, feeling very tired and compelled to turn for relief. Often sleepy and dull through the day and early evening, especially in a crowded room. Often has to contend with a disponding, melancholy mood. Occasionally a very little sandy deposit in the urine. Is always awakened about 3 A. M. with violent erections and desire to pass urine. Have given remedies high, 200 and upward. *Calc.*, *Sepia*, *Natr. mur.*, *Kali carb.*, *Kali bich.*, *Kali hyd.*, *Aurum met.*, *Silicea*, *Lyc.*, *Nux v.*, *Carbo veg.*, *Sulph.*, and some others, generally waiting weeks after two or three doses, and never have yet seen the slightest effect from any one of the remedies. Patient says that, when a boy, he was treated by an Allopath for "kings evil," on the right side of the head, but since then has taken very little medicine, never having had much sickness.

Now then, how is it that I fail to cure? Have I missed in the selection, in the mode of administration, or may the medicine itself be wanting in the quality it is represented to have? I always mark a vial O. K. when I have a sure response from its contents. But I notice all my bottles are not thus marked. I am sorry to trouble my professional brethren with this case, but whoever helps me out of the muddle shall have the full credit of it, and many, many thanks.

In suggesting the remedy, please name the potency and the number and frequency of the dose.

S. BISHOP.

MOLINE, Ill.

Surgical Department.

ON HIP-JOINT DISEASE.

ON DISEASE OF THE HIP JOINT. By LEWIS R. SAYRE, M. D. This is No. 1 of Vol. I., of a series of American Clinical Lectures. Edited by E. C. SEGUIN, M. D. New York: G. P. Putnam's Sons. Chicago: Jansen, McClurg & Co. pp. 24; 40 cents.

Within the few pages of this little pamphlet we have, no doubt, the most clear and accurate epitome of the information which every medical man should possess upon this subject to be found in any language. As a clinical lecturer Prof. Sayre has few equals. His vigorous logic is of that incisive quality which carries conviction with it, or at least convinces his auditors that he is himself thoroughly satisfied that what he says is true.

The lecture before us touches first upon the ætiology of the disease, bringing traumatic influences to the front and assigning a subordinate position to struma. It is hardly necessary at this period of medical progress to enter into an argument to establish the fact that synovitis, and not tuberculosis, is the initial process in this disease. The description and diagnosis of each of three stages is then given with remarkable clearness and brevity, and illustrated by three typical cases.

In the first stage, inability to fully extend the thigh is considered diagnostic. The crucial test is to determine whether the popliteal space can be brought down to the table while the entire spine is also in contact with its surface, and at right angles with the pelvis. If this can not be done without lifting the lumbar spine from the table, or disturbing the position of the pelvis, we are to diagnosticate disease of the hip joint.

Within the week past, and since reading this pamphlet, a case presented itself for examination which, according to this test, should have been pronounced morbus coxarius (and had been already by one surgeon), but in which there was no evidence, upon the most searching examination, of any inflammation about the hip joint. There was, however, a posterior deviation of the spine in the lower dorsal region, and the case was considered one of incipient Pott's disease with some contraction of the left psoas muscles. If this was correct it would seem to be an exception, at least, to the infallibility of this crucial test.

The treatment of each stage, the application of apparatus with all its details, and the operation for exsection of the head of the femur are all sketched so clearly that they must be plain to the dullest comprehension. As a whole the lecture is a model, and could hardly be read without benefit by any medical man, and should certainly be in the hands of every practitioner who is not thoroughly up to the latest developments of surgical art.

A. G. BEEBE.

CLINICAL CONTRIBUTION.

A CASE OF HÆMORRHAGE FROM BOWELS.

Blood, sometimes in large clots, sometimes clear, began a few hours after a violent blow on the lumbar region, received two years ago; the bleeding has continued more or less freely ever since, coming on at every motion of the bowels. Lately (in December, 1874) became much worse; hæmorrhage sometimes of two or three ounces at once of clear, bright blood; patient (a married woman, aged twenty-seven) very much weakened after each flow, but apparently well in intervals save an extreme tenderness of the abdomen, in which a pulsating tumor could be felt. The case was complicated by constitutional syphilis, with unsightly eruptions on the face and hands.

The hæmorrhage was checked by the use of *Gallic acid* in half-drachm doses, twice daily for two weeks, continued at longer intervals for two months. The hæmorrhage entirely ceased after the first week, and the patient gained perceptibly, developing a tremendous appetite. The syphilis passed off under the use of *Sulphur 2c.* Patient still under observation.

A SINGULAR CASE.

Mrs. B., aged sixty, had removed a mole from left shoulder herself, and was troubled by a sore following in the same place, which became badly ulcerated and grew large and deeper until, when seen in March, 1875, one year from the first appearance of the sore, it covered a space two inches in diameter. It had been treated by several old school doctors without success—the last one used *Stramonium* ointment. The patient was lamed by the sore, and almost despaired of cure; *Sulphur 2c.* given because of the appearance of the sore and its intolerance of water, accompanied by heat in the vertex, completely dried up the sore and cured the patient in eight days. *Vaseline* was used as an emollient, and a distressing headache, compared by the patient to a “breeze of pain,” was also removed entirely by the *Sulphur*.

A CASE OF STRANGULATED HERNIA,

femoral, in a woman aged fifty-five, in which the strangulation resisted taxis, even when aided by ether, was relieved promptly by *Nux vom. 3.*, a powder of the trituration every fifteen minutes. Subsequent constipation satisfactorily regulated by *Nux vom. 30.* No relapse yet (five months after).

EDW'D. CRANCH.

NEW YORK.

TUMOR CURED BY OXALIC ACID.

Mr. T. W., a farmer, called to have me examine a tumor. It made its appearance three years ago, and has been growing ever since until it has attained the size of a large hickory nut. The pains are of a shooting character and most excruciating. They radiate from the centre of the tumor in all directions. He is greatly depressed and anxious concerning the nature of the growth—is of a scrofulous diathesis.

The tumor is located on the lower third of the palmaris longus, and is of a pearly whiteness and hard consistence. There are minute reddish streaks radiating in all directions.

Treatment: As I was not acquainted with any remedy that taken internally would eradicate this growth, (having ransacked my library very thoroughly), I was compelled to rely on external applications. I tried *Chromic* and *Nitric acids* without the least perceptible effect. They did not color the skin of the tumor. As a last resort I thought I would try *Oxalic acid* 1 scruple, simple *Cerat* 1 ounce, to be applied twice per day. In two days he returned to show his arm. It was astonishing to note its tissue destroying power. In three weeks he was able to resume light work. The tumor is now in my possession.

Oxalic acid 6, is excellent in lumbago from strain or unknown causes. That is, if the pains are from within outward and over a small surface. Strains of the ankle or wrist joints, however, I treat as a surgeon reduces a dislocation, by extention with most happy results. The philosophy is, that strain extends only to one set of ligaments, and by extending the opposite ligaments we relieve our patient at once. By this treatment they recover in from one to four days without any remedial treatment. There is no pain associated with this mode of treatment. More next time.

B. F. A. KUENY.

MACKINAW, Ill.

Materia Medica Department.

ON OZONE.

ITS EFFECTS UPON THE HEALTH OF HUMAN BEINGS, AND MODES OF GENERATING THE SAME.

THE THIRD ANNUAL REPORT OF THE BOARD OF HEALTH of Washington reaches us by the courtesy of Dr. T. S. Verdi. It contains many articles of great interest. The one on Ozone we may give to our readers.

The Sanitary Committee, to whom was referred the subject of *Ozone* as a disinfecting agent, and as to its effects upon the health of human beings, have the honor to report:

First, that *Ozone* is a gas which has been studied by many scientists, but that diverse opinions exist among them as to its power in the preservation of health and in the disinfection of morbid agents. Your

committee, however, after much study and consideration, beg leave to be permitted to give the history of this important agent and their views regarding the same.

Although *Ozone* has been detected in the atmosphere by its peculiar odor from the earliest time, it was only in 1839 that Professor Schönlein gave its real scientific history. Professor Schönlein noticed that by an electrolytic decomposition of water an odor was evolved like that one caused by the friction of an electrical machine. This substance was called *Ozone* from the Greek word "ozo," to emit an odor; all that is known of its nature is that it is oxygen intensified. Dr. George M. Beard calls it "condensed allotropic oxygen." It is a highly oxydizing agent, and may be mechanically generated by passing electric sparks through oxygen or air, by oxydizing phosphorus in moist air, and in various other ways. It is found in a natural state in pure atmosphere in altitudes, and in sea air.

The most eminent scientists of the age have studied this peculiar gas, but we are indebted to Dr. Beard for a very comprehensive and clear treatise of the same. From these sources we learn that *Ozone* "exists normally in the atmosphere, but varies in amount in different localities, at different seasons, and different hours of the day, and is considerably dependent on meteorological conditions." *Ozone* is not found where carbonic acid abounds, probably because it serves to oxydize the impurities arising from the decomposition of animal and vegetable matter; hence it is not found in inhabited close rooms, less in cities than in the country, less in summer than in winter, when decomposition is less active than during moist, hot weather; less in localities abounding in malarious effluvia. It is interesting to find, also, that experiments have proved that *Ozone* has a high and low tide during the hours of the day, being more abundant between 4 and 9 A. M. and 7 and 9 P. M., and at its lowest ebb between 10 A. M. and 1 P. M., and between 10 P. M. and midnight.

This is an interesting fact for medical men to consider, for they will generally find aggravations or ameliorations of the symptoms of diseases according to these high and low tides. This tide seems to keep apace with the electrical tide of the atmosphere, and the knowledge of the two must be of immense value to the medical practitioner.

Atmospheric conditions, such as cold, which prevents decomposition seems to increase the proportion of *Ozone* in the atmosphere. Rain and snow increase also the proportion of *Ozone* in the air, probably because those agents wash the air and precipitate the floating particles that have arisen from decomposition to the earth.

Wolf gives the following comparison :

Amount of atmospheric <i>Ozone</i> in	fair days	-	-	-	4.186
"	"	"	rainy	"	-
"	"	"	snowy	"	-
					11.40
					14.15

Dr. Beard sums up thus : "*Ozone* is more abundant in the atmosphere during winter and spring, because in those seasons there is much rain, snow, hail, and wind, a low temperature, and a maximum of

electricity. During these seasons, also, there is little decomposition going on in the vegetable world.

The part that *Ozone* plays upon the animal economy can be gathered from the experience of E. S. Gaillard, at Corbigny; Schönlein, a Berlin chemist; Wolf, at Berne; Bœckel, at Strasborough; Berigny, at Versailles; and Selberman, at Paris, who all agree that during the prevalence of cholera in these localities where they made their observations, *Ozone* was missing in the atmosphere. Schönlein discovered a great quantity of *Ozone* in Berlin during an epidemic of grippe, and an absence of *Ozone* during an epidemic of gastric diseases. This statement carries out the physiological fact that a superabundance of *Ozone* will irritate the mucous membrane and induce catarrhal diseases.

Berigny and James have, by *Ozonometric* paper, found that in the fever and syphilitic hospitals at Versailles, and in the military hospitals at Sedan, *Ozone* would be almost absent from the wards of the hospitals with windows thrown open, while it was present in good quantity in the surrounding court, yards, and gardens. This would lead us to infer that the *Ozone* in the air of the hospital wards was used up in oxydizing the decomposed animal matter expired from the lungs or evaporated from the skin of the sick.

Bœckel, who has for many years conducted experiments and daily observation on atmospheric *Ozone* at Strasbourgh, gives the following results:

First. *Ozone* in normal quantities produces no pathological phenomena on the healthy.

Second. In excess it affects the respiratory organs, inducing bronchitis.

Third. When the atmosphere is deficient in *Ozone* gastric diseases will prevail. If miasmas are developed when *Ozone* is not present in the atmosphere to oxydize its emanations cholera is likely to appear. It is said that paludal grounds do not evolve *Ozone*, and that *Ozone* is found in greater quantities in altitudes than near the ground. Whether it is because the *Ozone* is used up in oxydizing the animal and vegetable matter arising therefrom, or whether the production of *Ozone* is due to certain conditions of the atmosphere, electrical or otherwise, the fact remains that the presence of *Ozone* maintains health, and its absence is the cause of serious maladies.

It is known also that *Ozone* will instantly destroy infusoria, bæcteria, vibriones, sporules, germs, and small monads, as all ozonized substances like the premangemates and hypochlorides. The putrid molecules or the infusoria from paludal grounds that float in the atmosphere of a city use up so much of the *Ozone* that it can scarcely be found in the atmosphere; in high and well-drained localities, in the country and on the sea shore, *Ozone* abounds; hence, the city inhabitant finds always vitality, health, and energy, by a change from the city to the country, or at the sea shore, particularly in summer.

From these facts a logical deduction can be drawn for the preservation of the health of a city that *Ozone* will be found in inverse propor-

tion to the decomposed animal and vegetable matter floating in the atmosphere; *ergo*, health must obey the same law.

The Board of Health is, therefore, in perfect harmony with this law of health in its efforts to remove all nuisances exhaling decomposed matter, particularly during the season when heat hastens decomposition. Let all good citizens bear this in mind, that every pound of dirt and filth contributes its atom of poison to that atmosphere, the purity of which is most essential to life.

Ozone is a natural and normal disinfectant. Fortunately, it can be produced artificially, and its effects be no less powerful. Already clever mechanics, scientists, and chemists have invented modes of producing pure *Ozone*. The time will come when every householder will provide *Ozone* for his household, as he provides it with fire and light. Then the scourge of cholera, typhoid and malarious diseases will disappear indeed. In crowded and badly-ventilated apartments its presence would give life and energy to the occupants, and it would be an immense resource to the human economy.

The House of Representatives and Senate rooms, the overcrowded rooms of the various Departments of the Government, now endangering the health of their occupants, would become sources of health, if a proper amount of *Ozone* were daily mixed with their atmosphere. Our hospitals, our churches, theatres, and closed localities where many people assemble would be greatly improved in their atmospheric conditions if *Ozone* were properly supplied.

The evolution of *Ozone* by flowers is now undermining the old theory of hygenists, that flowers were baneful in the sick-room. It is now shown that the oxygen that plants evolve is ozonized, and that the flowers of heliotrope, hyacinth, and mignonette are prolific sources of *Ozone*. So, while our Board of Public Works have greatly contributed to the health of our city by planting trees, let us advise and encourage our citizens to plant odorous flowers in the little parks now beautifying the front of their dwellings; while the eye and the olfactory will rejoice at the sight and at the scent of beautiful flowers, health will come in their doors and windows by their emanation of *Ozone*.

We are of the opinion of Dr. Beard, that the government should instruct the Signal Service to take observations and telegraph the tides of *Ozone*. What an intelligence these reports would spread to the country! The physician would make it his daily study; his observations at the bed-side of the afflicted would eventually become so instructive as to greatly assist in the cure of the bedridden patient. Ozonometry would become an exact science, and probably the greatest auxiliary in the preservation of human health.

The tests for *Ozone* are simple and ready at hand. Paper impregnated with *Iodide of potassium* and *Starch* is very sensitive of the presence of *Ozone*. Paper so prepared and exposed to the air, containing *Ozone*, will become blue-brown,

T. S. VERDI, Chairman.

VERIFICATION OF SYMPTOMS OF *ACTÆA RACEMOSA*.
(*CIMICIFUGA*.)

Mrs. R., suffered already as a girl from dysmenorrhœa and was in the habit, rain or shine, to take long walks at the time when the menses appeared, and always with great relief, as the menses then flowed copiously. If prevented from so doing, she suffered from unbearable headaches, which nearly set her crazy, from backache and it took her a long time before the flow became satisfactory.

She is now the mother of four children, all her labors were tedious and exhausting her strength. For the last few months she has been greatly harassed by sickness, in her own family as well as in the families of her friends, and passed many a weary night at the bedside first of her own child and then of a young lady who died from typhoid pneumonia. No wonder that her menses failed to appear at the regular time, and instead of allowing nature to take its own course, she took pellets of *Actæa rac.* 3, about a dozen dissolved in water, a tablespoonful every two hours, and continued to take the remedy for twenty-four hours, even after the flow had commenced.

Even on the first day of taking the remedy she felt congestions to the lungs and head, then palpitations, i. e. heavy throbs in the heart, though the pulse at the radial arteries could hardly be felt, it felt as if wind (flatulence) was rising *from the heart* and threatens to suffocate her; she sighs frequently, which gives her momentary relief; her head feels as big as a pail, and she feels as if her eyes were bursting from the sockets, and half the time she can hardly see. Both knees feel bruised as if from a fall, especially toward the the internal condyle. She cannot move them without pain when sitting or riding in a carriage, but long walks relieve the pain. She is sorely afraid of organic heart-trouble, or that she may suffocate in a car, although she never feels faint when the paroxysms come on.

We find in Hale's *New Remedies*, third edition, the following symptoms: Impaired vision, dizziness; she feels troubled, with sighing; sensation as if a heavy black cloud enveloped her head, at the same time it weighed like lead upon her heart; brain feels too large for the cranium; pains in the head relieved in the open air; headache, with severe pain in the eyeballs, extending into the forehead; sensation of enlargement of the eyeballs, they feel as if they would be pressed out of the head; amblyopia: paroxysms, several times a day, of intense pains in the cardiac region; great anxiety; the heart's action seems suspended by spasms, she feels as if suffocating; functional disorder from mental depression; general lame and bruised feeling as if sore all over.

S. L.

TO THE EDITOR OF THE UNITED STATES MEDICAL INVESTIGATOR:
It is important, in view of the fact that a new *Materia Medica* is being published, that all spurious and imaginary symptoms should be made

known to the profession. It has come to my knowledge that the greater part of the proving of *Iberis* is spurious and imaginary, and hence before being incorporated in Allen's *Materia Medica*, a new proving should be made. As I understand the case, the provers were informed that the remedy had a marked action on the heart, hence many imaginary heart symptoms. The spurious symptoms, I am told, were recorded by one of the provers who knew them to be spurious at the time. Let the remedy be rejected, unless it can be shown that I am misinformed. The remedy may be of service, but I for one can not accept it until a new proving, properly conducted, is made.

T. S. HOYNE.

Gynæcological Department.

DOES THE OVARY "JUMP"?

Now and then something creeps into this journal (as also in other periodicals) which seems objectionable. That which I now have in my mind is a part of Dr. Borcock's (Rockville Centre, N. Y.) letter as published in No. 138, p. 252. He says:

"I think the lady is hysterical, and shrinks when the baby touches the nipple, or at the thought of its doing so, and thus by the jumping of the ovary the nipple is inverted, or drawn in."

If the doctor is correct in his opinion as given above, then I confess he is more advanced than I in the anatomy and physiology of the "nipple" and "ovary." It certainly is the first time I ever read that it is the function of an ovary to "jump;" or, allow that it does sometimes "jump," that its anatomical relations with the nipple are such that by some string-like connection its "jumping" could "invert or draw in a nipple." We are all well aware of the very great sympathetic connection between different parts of the body, but Dr. B. is, I think, the first to issue a theory of this kind of sympathy.

While this in itself is a small matter, it seems to me that the editors of our Homœopathic journals should be on the look-out for, and suppress such correspondence or items as tend to bring ridicule on us, not only from our opposing brethren of the old school, who, as you know, are constantly on the watch to make a point against Homœopathy or its practitioners, but also from our own ranks, as was the case when

the above-mentioned extract was read by five of the readers of your journal in this city.

Fraternally yours,

BROOKLYN, N. Y.

E. HASBROUCK.

[A theory is usually something so visionary that any one may laugh if they choose; still the wise ones will think, and see if there may not be a fact as well as a theory. Who did not laugh at *similia* as a theory, and grew very thoughtful when they found it based on fact? The best way to dispose of a theory is to dissect it, and that is our readers, duty, which they are not slow to perform.

This discussion brings up the questions: 1. Is the nervous communication or sympathy between ovary and mamma so strong as to produce motion in either? 2. How much motion is the ovary susceptible of manifesting? 3. How is the graafian vesicle extruded — “squeezed out, or does it drop out?”]

Children's Diseases.

NEW EXPERIENCE REGARDING ROTHELN.

BY PROFESSOR L. THOMAS, LEIPSIK.

[Continued from page 387.]

We find here a more or less uncaused and occasional elevation of temperature, but a well-marked type of the course of the fever could not be made out. Granted, that, in a pure and uncomplicated case a short prodromal period sometimes calls forth an elevation of temperature, (and surely this is very seldom the case! I have never yet been able to demonstrate the justice of this assumption, and it can only be uncertainly and occasionally established by the history of the case,) and granted that an initial elevation of temperature really occurs in many cases, yet the subsequent course of the temperature is various. The temperature generally soon sinks to the normal and remains there, while the exanthem extends over the body and runs through its courses, but now and then remains at a slight elevation (a trifle more than half a degree above the normal) for a day or two during the formation of the exanthem, and finally it rises after the initial elevation to a new and perhaps even greater increase than the first, without, however, in any case, reaching a very great febrile height, and, still more, without main-

taining this elevation. The return to the normal temperature took place almost always very rapidly, according to the nature of the crisis, as soon as the most essential symptom of the disease, the exanthem, had come to an end; frequently, as already said, this evident sinking of the temperature appeared, even before this time, during the formation of the exanthem on the extremities, while an inclination of the fever to disappear by lysis seldom was seen. Accordingly, the range of temperature during this disease was very various, for we find cases where there was normal temperature during the whole course of the disease; cases with fever during the eruption, and that too, with rapid initial increase of heat and generally with critical or slight litycal defervescence; finally, cases with initial fever and defervescence, even before the completion of the eruption. Perhaps this diversity is often, and in part, owing to the greater sensitiveness of the subjects of these observations—all children—as these are peculiarly susceptible to influences affecting the temperature. But in any case it is worthy of remark how rotheln differs from measles in this, that, in the former there is an increase of temperature, whose maximum is gained directly after the early appearing eruption, while normal measles are distinguished by an initial fever before the eruption and a maximum elevation of temperature at the height of the eruption.

The general condition of the patient in slight febrile cases was not much disturbed. The most of the children were not at all pleased with staying in the house, or in bed, and hence I lost opportunity for observation, as the patients, at the usual time of my visits, betook themselves to the street. The doctor directed them to stay in the house, they said, but they would not for they were not sick. Only where there was marked febrile action, sore throat, etc., was there some sensation of sickness complained of.

The following cases, interesting in one view or another, may serve to illustrate what has been said :

I. Leuse Proft, three and a half years old, was taken March 14, 1872, with a cold, without other morbid symptoms, and after a good sleep, on the morning of March 15th the exanthem presented itself with a little fever. At 5 P. M. the temperature was 40.1. There were numberless spots of a tolerably bright red color, of the size of a lentil, scattered everywhere upon the face and the whole back, more sparsely upon the extremities. Some cough and conjunctivitis. Slight, faint spotted redness of the soft palate.

March 16—At 7:45 A. M. the temperature was 37.9; the sleep was bad; the eruption on the upper part of the body was a little paler, more abundant on the arms and legs and the spots were larger; at 4:45 P. M. the temperature was 37.8; the eruption continued to fade out on the body.

March 17—8 A. M. temperature 37.6. At 6:30 P. M. 38.0. The eruption on the upper part of the body was pale; on the arms and legs, especially on the feet to the toes, also in the plantar and volar surfaces

it had increased somewhat and was of a lively color. The cold, and and sore throat had disappeared.

March 18 — The fading out of the eruption had extended considerably on the lower extremities, though the spots were yet quite apparent here.

March 19 — Mere traces only of the exanthem could be seen. No desquamation. No recent swelling of the lymphatic glands.

II. Geo. Zelle, nine and a half years old, went to bed well February 14th, but in the night he began to cough and sneeze, and on the 15th at 4 A. M. had severe fever, and the exanthem appeared in the morning. The temperature at 9 A. M. was 38.5. He complained of nothing — wanted to go to school. There were numerous spots on the whole body of the size of lentils or smaller, especially on the face, throat, and trunk. There was slight spotted or streaked redness of the palate. At 3 P. M. temperature was 39.3. On the upper part of the body as far as the pelvis the eruption was clearly fading out, while about the pelvis and on the extremities it was yet of a bright red, some of the spots were larger and brighter.

Feb. 16 — At 8 A. M. temperature was 37.6. At 5:30 P. M. 37.7. The eruption was everywhere very pale. In the evening no redder than in the morning; the spots were pale, especially upon the gluteal region and on the extremities. The throat was still slightly affected, but no swelling of the lymphatic glands.

Feb. 17 — At 8 A. M. temperature was 37.8. Hardly a trace of the exanthem to be observed. A couple of small blood red points in the throat.

Feb. 18 — Everything normal.

III. Louise Krause, six years and nine months old, had some fever in the forenoon of May 33d, and went to bed.

May 24 — After having slept poorly there was some coughing and sneezing in the morning and slight conjunctivitis, at the same time a red, spotted exanthem was observed. At 6 P. M. temperature 39.0. Over the whole body, there was a moderately copious exanthem, consisting of bright-colored isolated spots of the size of a lentil, which especially covered the extremities. They were especially apparent on the plantar and volar surfaces. At what hour the exanthem appeared could not be exactly determined. The palate was slightly but characteristically affected.

May 25 — At 9:45 the temperature was 38.7. The eruption was very apparent everywhere; on the upper part of the body, especially on the face, it was somewhat paler; the palate was pale. Sleep was good. She coughed a little and sneezed somewhat. No swelling of the lymphatic glands. At 6:30 P. M. the temperature was 39.7. Some diarrhoea, since morning, without known cause. The eruption was the same on the upper part of the body; on the lower part, especially on the thighs and legs, the spots were bright, somewhat more infiltrated, perhaps also a little more copious.

May 26 — At 9 A. M. and 7 P. M. the temperature was 37.9. The erup-

tion was still very faint, and there were no more catarrhal symptoms.

May 27 — At 7 P. M. the temperature was 37.5. The eruption had disappeared, all but a few slight traces on the buttocks.

May 28 — Everything was normal.

The most remarkable thing in this last case, besides the brightness of the eruption, and perhaps also a short prodrominal period, (though it is not at all certain, as the exanthem appeared some hours after the beginning of the second day of the disease on the whole body, spread to the volar and plantar surfaces, hence also was probably there twenty-four hours earlier, i. e. at the beginning of the fever, but was merely overlooked,) at least my previous experiments seemed to say so, was the new and considerable elevation of temperature on the third day of the disease. This case, moreover, gave rise to slight attacks of rotheln, without fever, in an older sister who had previously had measles, and of a brother who had not had them. It may be that the above mentioned elevation of temperature was induced merely by the intestinal disturbance which took place in the morning; it cannot be denied, however, that it had some connection with the exanthem which, during the continuance of this excess of heat, was more apparent on the lower extremities than usual. The same appearance is seen in other acute exanthems, especially marked in measles on the evening after the crisis, if a new febrile disturbance, for example, a pneumonia, should begin, or even the crisis perchance were not complete and an intercurrent elevation interrupted the continued sinking of the temperature. Often in these cases we see a new injection of the measly spots which had been quite pale the day before. In many of these cases nothing more can be demonstrated than a new lighting up of the exanthem, and hence this may be taken as the most essential point in the new elevation of temperature; it may be that the diarrhoea in this case which lasted a whole day might have been merely accidental. In other cases, I have seen only the faintest indications of anything similar to this, and have never observed a more marked elevation than that which took place during the height of the exanthem.

IV. Isidor Liesschutz, six years and three months old, had the measles two years ago. He went to bed the night before quite well and slept well, but an exanthem was noticed in the morning of May 27th, when about to go to school. Temperature at 8 A. M. 37.1. Slight redness of the palate. Moderately copious, tolerably bright red round spots of the size of a lentil on the face and back, sparsely on the extremities. No complaint. At 7 P. M. the temperature was 37.1. The eruption was nowhere more abundant; everywhere paler.

May 28 — At 6 P. M. temperature 37.0. Hardly a trace of the eruption was now apparent.

May 29 — It had all disappeared.

This feverless and short course seemed modified only by the swelling of some of the lymphatic glands in the neck, in case of Geo. Gehe, who had had measles and scarlatina. (compare this journal 1870, IV, Jahyang, S. 60.) The exanthem was characteristic, the swelling of some of the measly points being tolerably marked.

With the other children the rotheln ran the same course. The number of the children observed carefully was twenty-one — nine boys and twelve girls. The boys were 5 1-6, 5½, 6½, 6 7-12, 6¾, 7, 8, 9 1-6, and 14 years old. The girls were 1 7-12, 2 5-12, 2 5-6, 3¼, 3 5-12, 3¾, 6 5-12, 6¾, 6¾, 7¼, 8 7-12, and 10½ years old. All ages of children are here represented but that of the nursling. None of the children, especially none of the elder ones had already had any disease which could have been taken for measles.

CASE OF ROTHELN IN ADULT.

Since the conclusion of this article, the following case of rotheln in an adult came under my observation, and I give it here on account of its great interest. It is the second case of the kind which I have seen at my clinics, and the only one in this epidemic.

Mrs. Herzog, thirty-five years old, had measles when a child, but, except that, had never been sick. During the last eight days she complained merely of weariness, without fever or any catarrhal symptoms of any kind, and went about her household duties as usual.

At noon, on the 17th of June, she noticed an eruption on her face, which soon extended to the chest and arms, producing some itching, at the same time there was some thirst, but no symptoms of fever, no cough nor sneezing, no sore throat. Slept well on the night of the 18th of June. At 10 A. M. temperature was 38.0. The eruption was rather paler on the face the next day, but on the trunk and extremities was much brighter, consisting of purple roseolæ, crowded pretty close together, of the size of a lentil, somewhat jagged in outline, readily communicating with each other by means of projections and evidently infiltrated, nowhere showing any general confluence, nothing more than a mere tendency thereto. On the extremities, especially on the back of the hands and feet, the spots are more scanty, small, paler, less elevated, but elsewhere about as abundant as on the trunk. On the hairy scalp there was a manifest itching exanthem. No spots were observed on the volar or plantar surfaces, probably on account of the callous epidermis. The mucous membrane of the palate and cheek was feebly injected at many points, which were rather roundish, and at others which were oblong; the injection was somewhat more pronounced but there was no exanthem of blood. The tongue was slightly coated but scarcely reddened. The cervical lymphatic glands were not swollen. At 6 P. M. the temperature was 37.4. The exanthem was somewhat paler, especially on the face, itching less, no more abundant on the extremities.

June 19— At 10:30 A. M. the temperature was 37.4. Slept well. No catarrhal symptoms. The exanthem on the face was evidently paler; the spots were fainter and faded, yet everywhere quite apparent on the trunk and arms; on the thighs and legs it was rather more abundant and brighter in color than last evening; the back of the feet were more clearly affected than in previous cases, still quite moderately. The mucous membrane of the palate and cheeks was pale, faintly reddened,

with some punctiform exudations of blood. Tongue clear. At 5:45 P. M. the temperature was 37.5.

June 20—At 10 A. M. the temperature was 37.2. On the face, the trunk, and the arms, barely a trace of the exanthem was to be seen—the spots were perfectly pale, the swelling almost entirely disappeared. On the lower extremities the spots were still slightly apparent. Subjectively the patient was much better than before. Slept well. No catarrhal symptoms. At 6 P. M. the temperature was 37.5. Felt well.

June 21—At 11:30 A. M. the temperature was 37.0. On the legs only were traces of the eruption.

June 22d, and after, normal temperature, the exanthem disappeared, no desquamation, no swelling of the glands, nor signs of catarrh.

This interesting case is a rare one, and from it, it is clear that rotheln is not merely a disease of childhood. It is, however, distinguished from the many cases observed in children by this, that it induced fever though not a violent one, yet notably in contrast with the many cases in children without any increase at all of temperature. No special type of the fever could be demonstrated—it might be described as a moderate fever during the time of the eruption and of its rapid subsidence. The eruption was far more copious and thicker than I have been accustomed to see it in children, but the diagnosis of rotheln was beyond a doubt at first sight, on account of the minuteness and color of the spots. The intensity of the exanthem corresponded to a relatively marked infiltration of the separate spots. Finally this case, as regards the kind, the extension over the body, the lack of any general maximum, resembled closely the same disease in children. Catarrhal symptoms and affections of the lymphatic glands were entirely lacking, while on the other hand, the spots on the inside and roof of the mouth were more manifest, corresponding with the greater extent of this membrane in the adult than in the child, although the separate spots were not always as distinctly separated from the mucous membrane in this locality as they were from the skin.

Translated by GEO. E. SHIPMAN.

CHICAGO.

REMEDY FOR "GROWING PAINS."

The article in April 15th number of THE INVESTIGATOR on "Growing Pains" case, reminds me of a similar case which *Caulophyllum* 2 relieved in a remarkable short time and the cure is perfect too, at least no return of pains for over one year. We like the UNITED STATES MEDICAL INVESTIGATOR very much.

C. W. PRINDLE.

GRAND RAPIDS, Mich.

From a clinical point: For that "footache," in No 8 of the UNITED STATES MEDICAL INVESTIGATOR, *Ignatia* 5.

H. H. BAKER.

HIGHLAND PARK, Ill.

Allow me to suggest for your case of "footache," *Calc. sulph.* 6, or possibly *Ledum* 200.

H NOAH MARTIN.

PHILADELPHIA.

Psychological Department.

ACONITUM AND LOQUACITY.

About four years ago, a gentleman, who was just recovering from intermittent fever, for which he had taken large doses of *Quinine*, called on me and stated that he was certain that he would die within two days, that his liver and lungs were softened so that he could run his finger through them if he had access to them. His pulse was soft, regular, and full, he had no pains, his appetite was reasonably good, in fact nothing could be detected which would indicate danger. At that time I was too much in the habit to associate *Aconite* with inflammatory states, and its characteristic full, hard, frequent pulse, hence it was not given at first, although indicated by apprehension of approaching death. Don't remember what I did give him then. The following night a messenger was sent who informed me that he had called his friends together, that he had made his last will, and that he was *talkiny constantly*. To this last symptom he attached much importance. I sent *Aconite* and promised to visit him next morning. When on inquiry he was told that the medicine was intended to cure him, he refused to take it, and he called me a fool because I did not know that his case was incurable. On my arrival next morning, found many friends there awaiting his departure. He was and had been talking all night. Two points were now to be determined; first the remedy, and how to induce him to take it. *Loquacity, which in this case was almost as much a mental characteristic symptom as fear of, and certainty of approaching death, is not found in the pathogenesis of *Aconite*. Shall I alternate *Acon.* with *Stram.* or some other remedy having loquacity in its pathogenesis? No! A single remedy must be given, that remedy shall be *Acon.* if it cures. I have learned that it cures loquacity as well as fear of approaching death. But how can we induce him to take it? Seeing his wife crying, I said to him, "your wife would be more contented if you would take something, I will give you something that will do no harm, take it for your wife's sake." This took effect. After a few doses of *Acon.* he was a cured man.

If any one replies to the above mentioned observation that, one swallow makes no summer, I refer him to Vol. VIII, page 49, *A. J. H. M. M.*, which contains the report of a case of insanity cured by *Acon.* in which loquacity was a prominent symptom; also to page 336, UNITED STATES MEDICAL INVESTIGATOR, where he will find the following: "She slept but little and was very *talkative*" and "I gave her *Aconite* with a great deal of benefit. It gave her sleep and quieted her generally; was less *talkative*." Friend Davis gave all the praise to *Aconite*! There was in all probability no use in giving *Bell.*, *Verat.*, and *Mosch.*

after it. My experience teaches me that we seldom need more than one remedy to cure a case.

In reporting cases, I aim to be instructive to my young colleagues, and to render some assistance in the extension of our knowledge of the curative sphere of our remedies. With this object in view, I always point out at the conclusion of my reports, which symptoms are not found in the books as belonging to the remedy prescribed. This will save others the trouble of comparing for themselves. Loquacity under *Acon.* is found in Allen's Encyclopædia only once, neither italicized nor starred.

C. BERNREUTER.

NASHVILLE, Ill.

CURED BY FAITH.

THE TENTH ANNUAL REPORT OF THE CONSUMPTIVES' HOME, and other Institutions connected with a *work of faith*. By CHARLES CULLIS, M. D.; Boston; 25 cents.

This is an interesting report, and is a striking illustration of the fact that it is better to trust in the Lord than to put confidence in man. To the medical man, the most interesting part of this report will no doubt be the "answers to prayer in the healing of the sick." Perhaps the most interesting case is the following :

Dr. Cullis says: "I have noticed that in some cases the cure has been instantaneous; others I have prayed with two or three times, or even more. My explanation is, as far as I have been able to observe, that there has been oftentimes a question or lack of faith on the part of the patient, for some seem to come, not in faith, but as a matter of experiment. God's Word says it is the *prayer of faith* that shall save the sick."

BOSTON HIGHLANDS, July, 1874.—During the winter of 1869, which I spent in England, from the effects of a severe cough lasting several months, the lower part of my right lung became hepatized. About the middle of last March I was taken with congestion of the lungs. Our family physician was called; he visited me for nearly three weeks, and I have no doubt did all that medical skill could do. He succeeded in checking my fever, but I grew weaker day by day; a subtle disease was evidently preying upon my nervous system; I lost my appetite, coughed and expectorated a great deal, and had night sweats. My wife became alarmed, and after consulting our physician, (who is also my dear friend and shared all her anxiety,) called as counsel Dr. Charles Cullis. The doctors examined my case very carefully, and found I had no use of my right lung; they gave me very little if any encouragement. From that time I grew rapidly worse; my disease, as the doctors feared, was evidently tending to the brain. The second night after the consultation I was sleepless and quite delirious; in the morning I was so wild that my family could not control me. Both doctors were

called, and as they came into my room I cried out in my delirium, "I want none of your medicine only your prayers." I felt a consciousness that deliverance had come; I threw my arms around Dr. Cullis and wept like a child. The doctor knelt with me by my bed, offered a short prayer for my recovery, anointing me with oil in the name of the Lord. My nerves immediately became quiet; I lay down and remained in a semi-conscious state for about two hours. From my appearance my wife feared that I was dying, but the doctor assured her that that was not the case; that he felt confident the Lord would raise me up. Soon after the doctor left, in spite of remonstrances of my wife, I got up, dressed, and went below, and for some ten hours I was in an almost constant struggle, trying, as I told my friends, to get myself into the hands of the Lord. At last I said to those around me, "In a few minutes I shall go to sleep; as soon as I am asleep you can put me where you please, I shall sleep two or three hours." In a few minutes I fell asleep; they lifted me from the floor where I had persisted in lying for several hours, and laid me on a sofa. I slept quietly for about two hours; when I awoke I felt a wonderful sense of relief. I had during my illness felt sick from the crown of my head to the soles of my feet; that feeling was all gone. I went to bed, and for the first time since I was taken ill, I slept quietly nearly all night; I slept a good part of the next day like a weary man. *I took no more medicine*, but from the hour I went to sleep I commenced improving, which has continued until I feel as well as ever, except I have not the full use of my hepatized lung, but I breathe the whole length of it, including that part which I had not used since 1869. My breathing is improving constantly, and I have no doubt it will recover entirely.

For all this I give God the glory. It is said to me by those to whom I relate this experience, "It is wonderful." I say to them, "Yes, it is wonderful; but not that God fulfills His promises: It is wonderful that His children should doubt His word." It is certainly wonderful that Christians should read the fourteenth and fifteenth verses of the fifth chapter of James, and think it means nothing now — it is not for them.

Another case.— I have a friend who has a daughter who came home from the West last May, apparently in consumption; she had a bad cough, expectorated a great deal, and had profuse night sweats. She arrived in Boston on Thursday of the week; on the following Monday she had a stroke of paralysis, completely paralyzing her left side. The doctor gave no hope, said she could not live; I advised them to call Dr. Cullis and have him pray for her. He consented to do so if they would abandon the use of medicine and simply trust her case in the hands of of the Lord; to this they assented, and Dr. Cullis prayed for her. To-day she is free from cough, night sweats, and all other signs or symptoms of consumption, and has been for nearly two months. Her paralysis is so far removed that she walks about the house.

S. B. P.

Medico-Legal Department.

HOMŒOPATHY IN MICHIGAN.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: As you and your readers are interested in the condition of the Homœopathic cause in our state, I will give you an important item. I have just returned from a lengthy visit to our state capital, where we succeeded beyond our expectations in securing the passage, through the senate, by a vote of 21 to 4, of "A bill authorizing the Board of Regents of the State University, to establish a Homœopathic Medical College, or Department of the University of Michigan, which should be located at such place in the discretion of said Regents as should contribute most to its endowment and support."

The second section provided for the appropriation from the state treasury, of the sum of six thousand dollars per year for its support.

The bill was favored by the Regents and by the larger portion of the Homœopathic profession. Some of the Regents were present who stated that, "If the bill was passed they would do so nicely by the Homœopathists that it would astonish them."

Notwithstanding this, a small faction did their utmost to defeat it in the house, and it was lost by 36 to 42—defeated by the votes of those who were avowed Homœopathists. What should now be done? A brief consultation was held, and the undersigned as the author of the bill, with the consent of its friends, made the following amendment: All after the word "located" was struck out, and the words "in the city of Ann Arbor" inserted. In this form it passed the house by *sixty* votes. It will now pass the senate* almost unanimously, and we have every assurance that the Regents will carry it out to the best of their ability.

Thus ends this long controversy and contest for twenty years. It is not the most desirable solution—to a majority of the profession in our state—but all will now acquiesce therein, and no doubt co-operate for the greatest good to the cause. In due time a meeting of all the members of the profession will be called for consultation, and to arrange a plan to lay before the Regents for their sanction. And this much is absolutely certain, that if discretion is observed, the wishes of the Homœopathic profession will be acceded to by the Regents.

DETROIT.

E. R. ELLIS.

* It passed the Senate, and is now a law.—ED.

Book Department.

MEDICAL AND SURGICAL ELECTRICITY; BEARD & ROCKWELL.
Second Edition (1875). New York: William Wood & Co. Chicago:
Jansen, McClurg & Co. \$6.25.

This new edition of *Medical and Surgical Electricity* is a great improvement on the one published four years ago; and in many respects that was the only work at that time published, in any just sense entitled to the term "text book." There were, it is true, many works extant at that time entitled to much praise, and each, in some department and in some respects, making just claims to superiority; but Messrs. Beard & Rockwell eclipsed all others in the detail, extent, and clearness of their clinical department, and in the present state of our knowledge respecting the therapeutic action of electricity, clinical experience really furnishes our only guide. Theory is valueless, for its current is constantly shifting. No Kessler or Newton has yet arisen to solve the intricacies of this stubborn problem, and given us laws that are universal and irrefragable. So far as the laws which govern electricity in its physical phenomena are known and understood, Beard & Rockwell give us, especially in the last edition, perhaps as clear a statement of them as has been given by any one, and yet the student must give close heed to the text or he will go astray.

A full chapter is devoted to a discussion of the Law of Ohm, that *pons assinorum* of all electropeutists; and while this law is clearly stated and copiously illustrated, it is far from making the subject clear to the average intellect in the matter of its practical application. For instance, it is somewhat puzzling to the student of electrology to read on page 79: "The electro-motive force is exactly proportionate to the number of elements without regard to their size." And lower down, on the same page: "The quantity of electricity that passes through a circuit is directly proportionate to the electro-motive force." Taking these two statements by themselves and the inference would be that the quantity of a given current is directly proportioned to the number of elements; and so it is under certain circumstances, but on page 86 we read that "if any large number of cells every way similar are joined in a short circuit by large connecting wires, and without any other external resemblance, there will be no more quantity of electricity flowing than if a small number of similar cells were so joined."

This statement is directly contradictory of those before noted, or at least they seem so to the casual reader. Yet there is really no antagonism between them. They are all true, but only true in a relative sense. A careful study of the context will explain the apparent paradox, as thoroughly, perhaps, as it is susceptible of explanation, by the

continued use of a certain mathematical formula which seems to have become stereotyped, and which has consequently been used by every writer since Ohm first enunciated his law in this way. But while this formula, Q equals E divided by R , really expressed a truth, it is truth mingled with error, and leads the novitiate inevitably into error, for it presupposes that the dividend, divisor, and quotient are all integers of the same order, whereas, in fact, they are of a very different order. Quantity is one thing; electro-motive force is a very different thing; and resistance is something entirely different from either. It would be quite as correct to state as a mathematical truth: Ducks divided by geese equal swans; which is a manifest absurdity. Ohm's law, stated in this way, is not true; for, practically, you cannot divide electro-motive force by resistance and thus get at the quantity flowing through a given conductor. Units of electro-motive force are called volts; units of resistance are called ohms, or ohms. Different values are attached to each, and they are never interchangeable. Hence you cannot divide volts by ohms and have the quotient equal quantity; and the formula, Q equals E divided by R , or Q equals E divided by R plus r , is not a question of division at all, but is simply a symbol indicating to the eye the fact which, expressed in words is, that "Quantity increases directly as the electro-motive force, and inversely as the resistance."

It has ever been unfortunate that the discoverer of this valuable law should have used this formula to express it, but it is still more unfortunate that every writer since his time should have followed undeviatingly in his lead and assisted in perpetuating a scientific absurdity. Still the criticism we have made is not confined to the authors in question. It really only shows the paucity of expression to which we are reduced in learning and teaching what is to all intents and purposes a new science. In the matter of increasing our electrical nomenclature, Messrs. Beard and Rockwell have done some good service. They have given definiteness and precision to certain terms and expressions which were vague before, and have added several new and valuable ones that bid fair to be generally adopted.

In electro-physiology these authors have added but little to what was already known, though a few experiments made by them are novel and interesting. In the therapeutics of electricity—the most important part of the subject to the practitioner—their work is especially commendable. They here exhibit energy, judgment, and candor. They seem to have had an extensive field for observation and experiment, and to have used it to good advantage. Their methods are clearly and fully set forth, both in the text and in illustrations, and will be found generally worth following—and their deductions and conclusions with reference to prognosis will, we think, be generally found correct.

The method of using electricity in such a way as to get its greatest tonic effects is well brought out, and sufficiently emphasized. This is a sphere of usefulness for electricity not hitherto studied to any great extent. Indeed, it has been denied that electricity possesses permanent tonic properties—a question in which Messrs. Beard & Rockwell

certainly have the best of the argument. In diseases of women, and especially in electro-surgery, the work is as full and complete as our knowledge at present would permit.

In discussing the differentiation of the two currents — galvanic and faradic — Beard & Rockwell have exhibited a freedom from bias and prejudice which is highly commendable. Indeed, these authors seem to have used their enthusiasm and talents for the benefit of science rather than for the propagation of a favorite and one-sided dogma..

Taken as a whole, the practicing physician who wants a reliable guide in the administration and uses of electricity will find no better work than this one. Its greatest fault is its bulk and expense, but considering its pretensions and the extent of ground to be covered by an exhaustive treatise, it could not well have been much contracted.

R. N. T.

ANALYTICAL THERAPEUTICS. By C. HERING, M. D., LL. D. Vol. I. New York: Boericke & Tafel; pp. 352. \$4.00.

Therapeutics is the application of drugs to the cure of disease. Homœopathic therapeutics is the application according to the law of similia. Our materia medica is a collection of drug-effects upon the different parts of the healthy body. The therapeutists, or practitioners, select from these those similar to his case, which is usually found under one drug. Now there is no work that takes these symptoms of the different remedies and arranges them under different diseases. The usual works on practice select a few of the remedies, but we do not know whether they have selected all, or even the best. The repertories have sought to simplify the work by classifying the remedies under their chief expressions. These are so abstractly arranged that the difficulty of looking up a remedy is often increased. So formidable is this work of looking up a remedy that few physicians take the labor to select the exact simillimum. The need for some concordance of symptoms is very manifest by the lax prescribing so very, very common. Dr. Hering in his work analyzes the symptoms of the remedies and arranges them according to their therapeutic indications. In other words, it is a re-arranging of the symptoms of the materia medica according to disease expressions.

It is the book for the times, and when our profession get a little used to the work and this new arrangement of the symptoms we shall look for very great improvement in Homœopathic practice. Vol. I. is really a new work on mental therapeutics. You study your case from a remedy standpoint rather than from a disease standpoint. Every physician should get Analytical Therapeutics without fail.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. ACUTE INFECTIOUS DISEASES. Vol. II. Edited by Dr. H. VON ZIEMSEN, Professor of Clinical Medicine in Munich, Bavaria; Professor THOMAS, of Leipzig; Dr. CUASCHMANN, of Berlin; Dr. ZUELZER, of Berlin; Prof. HERTZ, of Amsterdam. Translated by JAMES C. WHITE, M. D., and E. WIGGLESWORTH, of Berlin; E. W. SCHAUFFLER, M. D., of Kansas City; and A. B. BALL, M. D., J. H. EMERSON, M. D., G. H. FOX, M. D., E. FRANKEL, M. D., and JOHN C. JANY, JR., M. D., of

New York. ALBERT H. BUCK, M. D., New York, editor of American Edition. New York: Wm. Wood & Co. Chicago: Mr. Keener. \$5.00.

The subjects treated of in this volume are, varicella, measles, rubeola, scarlet fever, small-pox, erysipelas, miliary fever, dengue, influenza, hay fever, malarial diseases, and epidemic cerebro-spinal meningitis. This volume is more valuable than the first one. We hope our readers are securing them as fast as they appear.

PUBLICATIONS RECEIVED.

Tenth Annual Report of the Illinois Institution for the Education of Feeble-Minded Children, at Jacksonville, Ill. A noble institution.

Proceedings of the Homœopathic Medical Society of Ohio. Tenth annual session, held at Springfield, Ohio, May 12, 1874. Interesting and valuable.

An Answer to the Question, What is Homœopathy, and How it differs from the Old System of Treating Diseases? By Dr. W. D. Gentry, Memphis, Tenn.

In this pamphlet of sixteen pages Dr. Gentry answers the above question in a clear and comprehensive manner. Such treatises as this should be scattered throughout the length and breadth of the land.

Address before the American Institute of Homœopathy, by J. J. Youlin, M. D., at its Twenty-seventh Annual Session, held at Niagara Falls. Good, as our readers know.

Valedictory Address delivered at the Commencement Exercises, March 4, 1875, of the New York Homœopathic College, by Professor S. Lillenthal: Good valedictory address.

Valedictory Address delivered at the Commencement Exercises, March 10, 1875, of the Hahnemann Medical College of Philadelphia, by Professor O. B. Gause. This is interesting.

Valedictory Address delivered at the Commencement Exercises, February 11 1875, of Hahnemann Medical College of Chicago, by Professor R. Welsh. Some good advice, but much that is hypocritical.

The Necessity for Securing Equal Allopathic and Homœopathic Recognition and Representation in the appointment of all public medical officers, particularly in the organization of all State and local health boards. Report of the Committee on Legislation of the Homœopathic Medical Society of the State of New York; presented February 9, 1875. New York looks well after the rights of the new school.

Medical News.

The Illinois Homeopathic Medical Association will meet in Chicago, May 18th, 19th, and 20th. The following "bill of fare" promises a most interesting and profitable session:

PRESIDENT,	- - -	R. Ludlam, M. D., Chicago.
VICE-PRESIDENTS,	-	W. C. Barker, M. D., Waukegan.
		J. B. Gully, M. D., Geneva.
		J. S. Mitchell, M. D., Chicago.
SECRETARY,	- - -	T. C. Duncan, M. D., Chicago.
TREASURER,	- - -	E. M. P. Ludlam, M. D., Chicago.

BOARD OF CENSORS.

L. Pratt, M. D., Wheaton.	D. S. Smith, M. D., Chicago.
F. H. Van Liew, M. D., Aurora.	W. C. Barker, M. D., Waukegan.
H. Pearce, M. D., Green Bay, Wis.	

COMMITTEE ON CLINICAL MEDICINE.

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A. E. Small, M. D., Chicago.	E. Parsons, M. D., Kewanee.

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S. P. Cole, M. D., Chicago.	G. A. Hall, M. D., Chicago.

COMMITTEE ON DISEASES OF WOMEN.

R. Ludlam, M. D., Chicago.	M. B. Campbell, M. D., Joliet.
L. C. Grosvenor, M. D., Chicago.	Maria N. Johnson, M. D., Chicago.
W. D. McAfee, M. D., Rockford.	R. N. Tooker, M. D., Chicago.

COMMITTEE ON DISEASES OF CHILDREN.

F. C. Duncan, M. D., Chicago.	W. C. Barker, M. D., Waukegan.
S. P. Hedges, M. D. Chicago.	G. F. Coutant, M. D., LaSalle.
D. A. Colton, M. D., Chicago.	K. C. Woodhull, M. D., Chicago.
W. R. McLaren, M. D., Oak Park.	J. Harts Miller, M. D., Abingdon.

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A. G. Beebe, M. D., Chicago.	J. A. Vincent, M. D., Springfield.
Chas. Adams, M. D., Chicago.	A. H. Potter, M. D. Maquon.

COMMITTEE ON OPHTHALMOLOGY.

W. H. Woodyatt, M. D., Chicago.	E. W. Beebe, M. D., Evansville, Wis
S. J. Ricker, M. D., Aurora.	

COMMITTEE ON ANATOMY.

E. H. Pratt, M. D., Wheaton.	S. E. Trott, M. D., Wilmington.
C. N. Dorion, M. D., Chicago.	

COMMITTEE ON PHYSIOLOGY.

R. N. Foster, M. D., Chicago. J. W. Streeter, M. D., Chicago.
C. S. Fanestock, M. D., LaPorte, Ind.

COMMITTEE ON PATHOLOGY.

A. W. Woodward, M. D., Chicago. W. F. Dodge, M. D., Earlville.
H. B. Wright, M. D., Bloomington. W. S. Johnson, M. D., Hyde Park.
H. M. Bascom, M. D., Ottawa.

COMMITTEE ON HISTOLOGY.

• H. P. Cole, M. D., Chicago. S. J. Bumstead, M. D., Pekin.
Anna Magee, M. D., Chicago.

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L. Dodge, M. D., Chicago. Helen J. Underwood, M. D., Chicago
A. E. Small, M. D., Lincoln. E. M. Hale, M. D., Chicago.
Emily Spork, M. D., Chicago.

COMMITTEE ON MATERIA MEDICA.

T. Bacmeister, M. D., Toulon. H. B. Fellows, M. D., Chicago.
W. H. Burt, M. D., Chicago. E. A. Ballard, M. D., Chicago.
W. J. Hawkes, M. D., Chicago. T. S. Hoyne, M. D., Chicago.

COMMITTEE ON CLIMATOLOGY.

T. J. Merriman, M. D., Aledo. H. Pearce, M. D., Green Bay, Wis.
H. P. Gatchell, M. D., Kenosha. R. S. Brigham, M. D., Cairo.

COMMITTEE ON PSYCHOLOGY.

C. D. Fairbanks, M. D., Englewood. J. Keck, M. D., Barrington.
M. M. Eaton, M. D., Peoria. J. A. Hoffman, M. D., Mendota.

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H. N. Small, M. D., Chicago. Louise C. Purington, M. D., Chicago

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COMMITTEE ON STATISTICS AND NECROLOGY.

T. S. Hoyne, M. D., Chicago.

COMMITTEE ON MEDICAL LITERATURE.

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COMMITTEE ON PROVINGS.

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Mrs. M. A. Skidmore, M. D., Polo. L. Bedford, M. D., Chicago.
Thos. Eckles, M. D., Sterling. H. R. Wood, M. D., Elgin.
N. B. Delamater, M. D., Chicago.

COMMITTEE ON LEGISLATION.

J. A. Vincent, M. D., Springfield. G. D. Beebe, M. D., Chicago.
G. W. Foote, M. D., Galesburg. D. S. Smith, M. D., Chicago.
E. M. McAfee, M. D., Mt. Carroll. T. C. Duncan, M. D., Chicago.

DELEGATES.

To American Institute of Homœopathy — R. Ludlam, M. D., Chicago; A. E. Small, M. D., Chicago; D. S. Smith, M. D., Chicago; S. P. Cole, M. D., Chicago; G. W. Foote, M. D., Galesburg; T. C. Duncan, M. D., Chicago; H. Pearce, M. D., Green Bay; E. M. McAfee, M. D., Mt. Carroll; W. H. Burt, M. D., Chicago; A. H. Potter, M. D., Maquon; S. P. Hedges, M. D., Chicago.

Wisconsin State Society — N. B. Delamater, M. D., Chicago.

New York State Society — T. C. Duncan, M. D., Chicago.

Pennsylvania State Society — J. E. Gilman, M. D., Chicago.

Massachusetts State Society — W. J. Hawkes, M. D., Chicago.

Ohio State Society — H. Pearce, M. D., Green Bay, Wis.

Michigan State Society — N. F. Cooke, M. D., Chicago.

Indiana State Society — S. P. Cole, M. D., Chicago.

Rhode Island State Society — C. N. Dorion, M. D., Chicago.

Connecticut State Society — W. Danforth, M. D., Chicago.

Maine State Society — W. D. McAfee, M. D., Rockford.

New Hampshire State Society — T. J. Merriman, M. D., Aledo.

Vermont State Society — E. Parsons, M. D., Kewanee.

Minnesota State Society — L. E. Ober, M. D., LaCrosse, Wis.

Missouri State Society — A. H. Potter, M. D., Maquon.

Iowa State Society — E. M. McAfee, M. D., Mt. Carroll.

California — L. Pratt, M. D., Wheaton.

Canada Medical Association — W. H. Woodyatt, M. D., Chicago.

German Central Union — Ernest Kniepeke, M. D., Chicago.

British Homœopathic Congress — R. B. Westfall, M. D., Macomb; R. Ludlam, M. D., J. S. Mitchell, M. D., T. C. Duncan, M. D., Chicago.

COMMITTEE OF ARRANGEMENTS.

J. S. Mitchell, M. D.,

T. S. Hoyne, M. D.,

S. P. Hedges, M. D.,

J. W. Streeter, M. D.,

A. W. Woodward, M. D.

Let us all see how good a time we can have.

T. C. DUNCAN, Secretary.

67 Washington Street.

The Indiana Institute of Homœopathy will commence its Ninth Annual Session in Indianapolis, May 4, 1875, at 10 A. M., and continue two days.

BUREAUS.

Provings — A. L. Fisher, M. D.; J. A. Compton, M. D.

Materia Medica — W. P. Armstrong, M. D.; T. B. Hoyt, M. D.

Potency and Dose — W. Eggert, M. D.; E. Beckwith, M. D.

Clinical Medicine — Dr. S. Maguire; W. Moore, M. D.; Dr. W. L. Morgan, and J. N. Lucas, M. D.

Obstetrics — G. W. Riddell, M. D.; W. R. Elder, M. D.

Microscopy — J. R. Haynes, M. D.; F. L. Davis, M. D.

Pathology — C. F. Wymond, M. D.; W. N. Bahrenburg, M. D.

Physiology—M. H. Waters, M. D.; M. T. Runnels, M. D.

Surgery—S. C. Whiting, M. D.; Louis Balfour, M. D.

Contagious Diseases—C. T. Corliss, M. D.; O. S. Runnels, M. D.

Epidemics—W. F. Becker, M. D.; D. Haggart, M. D.

Electricity—J. B. Hunt, M. D.; O. P. Baer, M. D.

Ophthalmology—J. T. Boyd, M. D.; W. L. Breyfogle, M. D.

The growing interests of Homœopathy in the United States and especially in Indiana demand your presence at this meeting.

From the lessons of the past and the indicated dangers of the future, we are imperatively admonished to be up and doing.

You are doubtless fully informed of the universal effort now being made in every state in the Union to fetter our practice; extinguish our truth and establish under the guise of law the tottering and decaying system of Allopathy.

These efforts, because of the lethargy of our physicians, have in several of the states already proved successful; in others, where a show of resistance has been made, they have been for the time thwarted, but in all, the demand for continual vigilance on the part of Homœopathists was never more pressing than now.

The committee on legislation appointed at the last session of this Institute, have by valiant fight and favoring circumstances succeeded in preventing the establishment of the Allopathic State Board of Health. But the measure, though repulsed, is still in embryo, and will be delivered at our next legislature as a child of the state unless greater effort is brought to bear to prevent it.

We must have thorough organization and a unanimous concert of action. Every individual must do his duty.

We hope, doctor, that nothing will detain you from attending this meeting. Our bureaus are well-manned, and we expect an interesting and very profitable time.

Physicians from a distance will be entertained during the session by resident practitioners and their friends.

If you can be with us please inform me by postal card or letter, so that ample arrangements can be made. But don't fail to come.

O. S. RUNNELS, Secretary.

Michigan State Society.—The Sixth Annual Meeting of the Homœopathic Medical Society of the State of Michigan, will be held on the third Tuesday and Wednesday of May next, in the city of Detroit, in Mechanics Hall, opposite City Hall. This is a very central location, a new and elegant block, and in close proximity to the Russell House, Biddle House, and Michigan Exchange, all first-class public houses, with commodious and fine appointments. The meeting will be called to order at 2 P. M. of the first day. The chairman of each bureau is earnestly requested to be present and have ready the reports assigned to his bureau at the last annual meeting. Every Homœopathic physician in the state is earnestly requested to be present and take an interest in the transactions, and hearty welcome will be extended to all who may attend from adjoining states. I. N. ELDRIDGE, Secretary.

FLINT, Mich., April 23.

The Texas Homeopathic Medical Association will meet in Houston, at the office and residence of Drs. Blake and Parker, on May 12, 1875 — not 20th, as announced in the last number of *THE U. S. INVESTIGATOR*. The "bill of fare" I cannot yet send you, as I do not know of what it will consist; but you shall have a minute of the proceedings should there be anything worthy of publication — or we will leave you to be the judge of that.

W. M. MERCER.

GALVESTON, Texas, April 24, 1875.

The Nebraska State Homeopathic Medical Association will meet at Nebraska City, on the third Tuesday in May, 1875. Bill of fare not yet made out. A good attendance anticipated and desired. The profession generally are cordially invited to participate.

A. C. COWPERTHWAITTE.

Iowa State Society.—Our meeting occurs on the 26th of May next, at Marshalltown. I have not as yet a complete bill of fare, but hope to have in a few days. I will then send the names of heads of bureaus and a list of subjects of papers that may be expected.

BURLINGTON, Iowa.

G. H. PATCHEN, Secretary.

Go to the American Institute Meeting, sure.

DEAR INVESTIGATOR: Permit me through your columns to express my earnest solicitations that the forthcoming annual session of the American Institute of Homœopathy, shall be largely attended by the members of the profession, both on account of the important papers upon the various subjects to be presented by the various bureaus, and the interesting discussions they will bring out, in which all may participate, and none can afford to loose. Also the important business which will come before the Institute at its coming session in making arrangements for the World's Homeopathic Convention, to be held under the auspices of the American Institute of Homœopathy, during the Centennial Celebration, which is to be held in Philadelphia in 1876. Therefore I would urge upon my professional brethren generally, and those of the Northwest especially, the importance to themselves of being present at the meeting of the Institute at Put-in-Bay the third Tuesday (15th) of June, 1875.

I would also say to those physicians who are not members, do not delay to send to the general secretary of the Institute, Robert J. McClatchey, M. D., 918 North Tenth street, Philadelphia, and he will send you blank applications for membership, fill them out as directed and return the same to him, so that should any thing occur to prevent your attendance, your applications for membership will be duly acted upon by the board of censors, and your membership secured before the meeting of the World's Homeopathic Convention in 1876, in order that you may receive a copy of transactions of that convention, according to a resolution of the committee of arrangements, which was adopted by the Institute at its annual meeting in 1874, as follows: That the transactions of the World's Homeopathic Convention be published in a handsome, bound volume, and distributed among the members of the

Institute and their foreign guests, which transactions will be of great value, as they will contain in one volume a large amount of valuable matter which cannot be found in any other book.

Do not let your patients keep you at home, they will do so if they can. I have generally been able to satisfy my patients by telling them I spend my time and money in attending medical conventions for their good, that the interchange of ideas, comparing notes, and meeting the professional celebrities of the nation, give an opportunity to glean many item which may prove useful to them. I have found that intelligent people appreciate such motives, and consent to a brief absence for the sake of the good which may result.

The circulars will be sent from the office of the general secretary in due time, from which you will get the programme, and all necessary information as to hotel and the best means of reaching the place. Make all your calculations to go, and you will be likely to succeed.

LACROSSE, Wis., April 23.

L. E. OBER.

How to Reach Put-in Bay.—Your reply, in the April 15 number of THE U. S. INVESTIGATOR, to queries concerning the whereabouts of Put-in Bay are a little indefinite, and in some respects incorrect.

Put-in Bay is on South Bass Island, a few miles from the south shore of Lake Erie. It is a part of Ottawa County, but you do not go to Ottawa to take the boat, since the only town by that name in the State is some fifty miles inland. The nearest point at which you can take a boat for the island is Sandusky, and the time occupied in the transit is just one hour. Put-in Bay can also be reached by daily boats from Cleveland, Toledo, and Detroit, the time from these points being about four or five hours. I do not know of any boat running from Buffalo to the Island, and think there is none.

I think if the Eastern members will take the trouble to go to Put-in Bay in June, they will find that salt water is not necessary to a delightful summer resort. They will find good hotel accommodations, pure air, and a cool breeze from some quarter always.

H. H. B.

CLEVELAND, O.

Homœopathic College of Missouri.—The sixteenth Annual Commencement of the Homœopathic Medical College of Missouri was held February twenty-fifth. About one thousand persons were in attendance. The musical part of the programme was furnished by the Arsenal Band, through the kindness of Gen. Sturgis, U. S. Army.

The school has a membership of between forty and fifty, and of this number twenty-two graduated, as follows:

Fred. H. Richter, Minn.; Fred. Decker, Ia.; Chas. R. Henderson, Ia.; M. R. Chamberlain, Nevada; J. W. Willis, Ill.; Jno. S. Rothchild, Mo.; C. F. Miller, Wis.; Jno. A. Collan, Mo.; W. J. Harris, Mo.; Wm. Haslam, Kan.; W. C. Condon, Ky.; W. E. Richards, New York; J. C. Pennington, Mo.; A. Uhlmeier, Ill.; Wm. Storey, Ill.; E. M. Harrison, Mo.; E. L. McMahon, Ohio; H. W. Rodker, Kan.; Jno. Detrich, Penn.; Mrs. Sarah J. Johnson, Mo.; H. M. Kinyon, N. Y.; H. C. Suss, Ill.; M. A. Chamberlain; Hon. degree, L. M. Kenyon, M. D., of Buffalo, N. Y.

The severe illness of the Dean of the Faculty, Prof. J. T. Temple, prevented his attendance, and Prof. Stevens was called upon to preside in his stead.

The exercises were opened with prayer by Rev. C. A. Van Anda, of the Union M. E. Church. He besought the Divine blessing upon the class of 1875, and that it might go with them through the life upon which they were just entering.

J. W. Harris delivered the valedictory on the part of the class.

During the entire session, one clinic was held each week at the Good Samaritan Hospital, and another each week at the City Hospital, besides numerous clinics exhibited daily to the class at the college dispensary, amounting to upwards of four hundred cases treated in the presence of and by the class at this latter charity.

Appointments were made each Saturday, from the several course students, to take charge of the college dispensary the following week. The vast advantage of such clinics cannot be over-estimated.

The Western Academy of Homœopathy will hold its next Annual Meeting in Davenport, Iowa, on the third Tuesday in October next (October 19, 1875), and remain in session three days. It is very important that chairmen of bureaus should at once communicate with their members, in order that full reports may be obtained from each. The General Secretary, Dr. J. Martine Kershaw, 1401 Olive street, St. Louis, will take charge of any papers sent to him by members not connected with bureaus, and see that they are properly disposed of. While a broad and fraternal invitation is extended to our brethren residing in any portion of our land to be present with us, it is the imperative duty of every Homœopathic physician residing west of the Mississippi, either by personal attendance or otherwise, to aid in making the Academy a grand success.

Within a short time the Executive Committee will issue a circular giving full and explicit information on all matters connected with the meeting.

Qualified practitioners of Homœopathy desirous of membership may obtain blank applications by addressing the General Secretary.

DENVER, Col.

M. MAYER MARIX, M. D. President.

Married.—At the residence of the bride's parents, March 17, 1875, by Rev. A. Waterbury, of Albany, N. Y., assisted by Rev. Jas. Robinson, of Lebanon Springs, N. Y., Dr. J. H. CARMICHAEL, of Worcester, Mass., to Anna E. Spencer, daughter of Chas. H. Spencer, of New Lebanon, N. Y.

Died.—James H. P. Frost, A. M., M. D., formerly editor of the *Hahnemannian Monthly*, and Professor in the Homœopathic College of Philadelphia, died at Danville, Pa., on the twenty-third of January, aged fifty years.

He will be remembered as the writer of a large number of valuable articles and as a physician of fine acquirements by those who knew him personally.

“**The Homœopathic Times**” is a union of the *New York Journal of Homœopathy* with the *Medical Union*. “In union there is strength,” and in this instance it should be, and will be, a better journal. Philadelphia, go thou and do likewise! Ditto, Ohio!

Another Victory.—We have achieved another triumph for Homœopathy in the passage of an act for the teaching of Homœopathy at Ann Arbor, as an integral part of our university, with an annual State appropriation of \$6,000 to pay the two Homœopathic Professors. The victory is won, and the battle has ceased. I. N. ELDRIDGE.

Removals.—Dr. Wm. H. Holcombe has returned to New Orleans, the climate of Cincinnati being too hard for him.

Dr. L. T. Van Horn has returned to Homer from Niles, Mich.

Dr. F. Woodruff from Ann Arbor to Detroit, Mich.

The Albany Homœopathic Hospital from 95 Division street to 123 North Pearl street, Albany, N. Y.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. I, No. 10. — MAY 15, 1875. — Whole No. 142.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

MOLINE, Ill. April 27. — Fearful mortality here among ladies confined — said to be puerperal fever. So far all have had "regular" treatment, so that, of course, "everything was done that could have been done."
S. BISHOP.

FARMINGTON, Ia., April 22. — The prevailing diseases in this region at the present time are affections of the air passages. Most of these are catarrhal in character, and generally yield to the *Kalis*, the *bich.* and *chlorate* being used mainly. We are having some few cases of pneumonia, in which *Verat. vir.* seems to be needed. The measles have just begun to appear in this vicinity, but they are easily controlled by the usual remedies. One striking peculiarity that may be noticed in the affections needing attention is the soft, swollen, and flabby tongue as indicated in *Merc.*, often showing the indentations of the teeth. The remedy seems to do well in all the diseases where this condition of the tongue obtains. How may this universal *Merc.* tongue be accounted for?
S. GRIFFIN.

COYRILL, Kansas, April 16.—I have a good many cases of continued fever, or typho-malarial fever. Can you give me any information as to its treatment? We have had a good many cases of pneumonia. I have been successful with them, but I must say these continued fevers that we have here are unpleasant to treat.

JOHN Y. SIMPSON.

[See discussion on Typho-malarial fever, in this journal. Report a case or two, and some one may give you some more hints.]

DANSVILLE, N. Y., April 15.—We have had considerable sickness since the severe weather set in in January. Typhoid fever, pneumonia influenza, scarlatina, measles, etc., have prevailed, with an epidemic of diphtheritic angina, or scarlatina anginosa. I have had but one bad case of scarlet fever; took on diphtheritic form. *Nitric acid*, five drops chemically pure in half goblet of water, teaspoonful dose once in two hours, left nothing to be desired; for indications, see Raue's Pathology.

I. H. DIX.

MACON, Ga., April 28.—“Will some of our Southern brethren give us a hint?” etc. Yes, we will. There has been very little sickness of any kind except catarrh for the last three months—a few cases of meningitis, but one of which came under Homœopathic treatment, and was cured. In the catarrh cases, *Sil.*, *Cyc.*, *Aurum*, and *Kali bich.* were of most use, and cured promptly. In tonsillitis, *Ferri phos.*, and *Ranunc. sccl.* With a population of 20,000, the mortality has been about four per week during the last three months.

E. B. POTTER.

MANITOWOC, Wis., April 13.—Have had some severe cases of hoarseness following foggy days with lake winds, and for which *Rhus* seems to be the remedy. I had a case of Peliosis Rheumatica this winter. Patient, a young lady school teacher. She was kept quiet about three weeks. *Aconite* and *Arnica* were given at first, followed by *Merc.* for some shifting night pains after the spots had nearly disappeared, and then *Phos. acid* to complete the cure, which it seemed to do satisfactorily, she going to work again in about a month, with no return of the trouble.

R. K. PAINE.

HOMER, Mich., May 3.—The prevailing diseases are intermittent, remittent, bilious, and typhoid fevers, with a few cases of catarrhal pneumonia. *Nux v.*, *Arsenicum*, *Merc.*, *Bry.*, *Rhus tox.* and *Bapt.* control the fevers. The pneumonias yield readily to *Tartar emetic*, *Phos.*, etc. Had a case of diarrhœa; stools thin and watery; worse at midnight; great thirst for small quantities of water; restlessness, and tenesmus of the bowels before stool; relieved instanter by the use of *Arsen.* 30, two doses. The case was of a week's standing, and growing worse until I was called.

L. T. VAN HORN.

CHILLICOTHE, Ill., April 26.—We have had remarkably good health for two years past. There have been an occasional sore throat, not at all diphtheritic, but tolerably severe, and sore mouths in infants; some catarrh occasionally with fever, and cough enough to be called lung fever by doctors who delight in hard names for mild diseases. A num-

ber of old people have died in this section of the country, but as I have not treated any of the fatal cases, cannot say what particular symptoms they were affected by. Some cases of rash were called by those who met them, scarlatina; but as no deaths occurred from them they were probably frauds.

I am more delighted with our law of cure the more I study and see the sure effect of the rightly-chosen medicine for its particular affection. I must here declare my close adhesion to the stand taken by Lippe in his criticisms on irregular views and practice of Homœopathy, and am satisfied it is the only safe system of practice yet discovered, or probably ever will be developed. Having practiced Allopathy more than twenty years, and the present method seventeen, I can determine the difference between them, which is simply that of certainty and uncertainty in the line of prescribing. I am aware that there is little of interest in these remarks, but as an individual convert from error to truth, feel justified in the statement. I may hereafter offer some cases from both practices, with peculiar views.

J. O. TOMLINSON.

WAITSBURG, Idaho Territory, April 28.— There has been much sickness throughout the country. In Walla Walla, twenty miles south of this place, a large number of cases of child-bed fever have died this winter. In thirty days, forty burials took place. Part of this number were children. Hooping cough has had a full sweep, including adults as well as children; few have died. I had several cases (though not an M. D. professionally) which I treated with *Bromide of Ammonia* with marked success. I put about five grains in a tumbler full of water, and gave it in teaspoonful doses. One case, by taking cold, developed bronchitis capilaris with hoarse cough. *Tartar em.* and *Hepar sulph.* cured. Children have, since the cold winter passed, been sick with bilious remittent fever. They were treated by old school physicians, and have recovered. Inflammatory rheumatism has prevailed to some extent, even among children. [How young?—ED.] Colds, catarrh, sore throats, and hoarseness now prevail. We have had a very severe winter. The thermometer has sunk as low as 38 degrees. Peach, plum, and cherry trees have been destroyed. Farmers have lost much stock, being unprepared, as hitherto their cattle have grazed through our mild winters. I have learned that Dr. W. W. Day, practicing ten miles east of this place, is down sick from riding, exhaustion, and exposure. I have not learned the prevailing diseases he meets with.

MRS. N. J. A. SIMONS.

MARSHALL, Mich., April 24.— During the past winter we have had an epidemic of influenza, simulating *Acon.*, *Tart. emet.*, *Bell.*, and *Bry.* in different persons and stages of the disease.

There has been a large number of cases of erysipelas (phlegmonous) requiring principally *Bell.* And here let me say in reference to local applications: I cannot agree with some that they are not useful; and I speak from experience, for I was a sufferer with this disease, and know whereof I speak. I was nearly distracted with pain, with eyes both shut from swelling of lids and face. Buttermilk, and cranberries,

and various things had been resorted to with no relief of pain whatever. In my dire extremity I called Dr. F. Baker, of Union City, Mich., whose famous buckwheat batter poultice, prepared by mixing the flour with cold water to the consistency of batter, and applying with cloth between face and batter, or, in other words, between two cloths, relieved the pain in a few moments. I have since prescribed it, and found it a great auxiliary in this very distressing disease. [Glycerine has proved the most valuable local adjuvant we have used.—ED.]

For the last few weeks we have had a run of pneumonia, angina, scarlatina, and pleurisy, calling for *Acon.*, *Phos.*, *Bry.*, *Bell.*, *Phyto. d.*, and *Merc. bin.* At the present time there is a lull, and business rather quiet.

E. L. ROBERTS.

SULLIVAN, Ind., April 23 — I am well pleased with THE UNITED STATES MEDICAL INVESTIGATOR, and anxiously wait for its coming each time.

Very healthy in this community. The few prevailing diseases now seem to be measles, pneumonia, catarrhs of the head, and neuralgia. Measles have been easily mastered with *Acon.* and *Puls.*; pneumonia, with *Phos.* and *Bry.*; catarrh of the head, with *Kali bich.* and *Aurum mur.*; neuralgia, with *Gels.* and *Bell.*, and if caused by cold, northwest winds, *Merc.*

I had a case in March of a young man who cut his throat with a razor, nearly from ear to ear, cutting entirely through the wind-pipe, and a little slit into the swallow (oesophagus) and slightly cutting the wall of the right carotid artery. This he did in a fit of delirium tremens after a drunken spell. He did a similar act last October — six months ago — while in Columbus, Ohio, making not quite so deep a cut, however. I felt a little doubtful of his recovery. A doctor of the old school being close at hand was called, and sewed up the cut by taking skin stitches all around, closing the outside and letting the inside gape open, perhaps half an inch. Three hours afterward I was called. I at once took out some of the stitches directly in front so there was an opening outside for the pus to run out, instead of running down into the lungs. I then had them apply cloths dipped in water of twenty drops of *Hypericum* to the half pint of water, the first week. The second and third weeks, there being much granulating and sloughing, I had them apply cloths dipped in water (every two hours) of *Carbolic acid*, one-half ounce to the pint of water. At the end of three weeks the man was nearly well, so much so that he went on his way rejoicing. And during his entire sickness he never lost a night's sleep, nor missed a meal of victuals, nor suffered a pain, nor had any fever, and but very little swelling or inflammation. I gave him *Dig.* 10, ten drops at a dose, every three hours, for tremens, which acted like a charm. I also gave him *Ars.* 3 and *Hepar* 4 alternately every six hours when awake, during his entire sickness. I recite this case hoping it may be a benefit to other young practitioners like myself.

G. W. HIGBEE.

NEWARK, O., April 20.—No prevailing disease; in fact, we have not had an epidemic of any kind for four years, except a cositiveness in the circulating medium called money. *Arg. met.* and *Aurum met.*, tinct., are the remedies indicated, to be given in frequently-repeated doses.

Our work this winter has been with influenza, diphtheria, bronchitis, and an occasional mild case of scarlet fever, inflammation of the lungs, and rheumatism. The influenza was of an obstinate character; *Acon.*, *Bell.*, and *Mer.* would not cure it like a charm. And just here I would say, I think older practitioners do not see as many of those miraculous and charming effects of medicine as the younger ones do.

As to potency, I select the one I think best suited to the patient, taking into consideration the part affected, age, sex, temperament, constitution, and habits of life, and select the remedies I think best suited to the disease.

For influenza, this winter, I gave *Acon.*, *Mer.*, *Bell.*, and *Conium mac.*; none died. For diphtheria, *Bin. mer.* and *Kali bich.* oftener than anything else. *Bell.* and *Phyto.* did not answer the purpose. I use as a gargle when there is no diphtheritic deposit, *Hyd. can.*; and when there is, *Per. pot.* *Bell.* and *Canth.* in erysipelas, internally, and twenty drops *Canth.*, tincture, in a glass of water externally. For inflammation of the lungs I select from *Acon.*, *Bry.*, *Phos.*, *Cham.*, and *Tartar emetic.* For rheumatic affections, *Rhus.*, *Bry.*, *Mac.*, *Bell.*, and *Mer.* are the remedies we treat it with.

I was called a few days ago to visit a lady four days after confinement with first child (the membranes were ruptured two weeks before the birth); found her with face flushed, pulse 95, and severe cutting, burning pains in uterus, lochia suppressed, very thirsty, and a constant nausea and vomiting, ejecting everything taken into the stomach. For two days I used hot-water compresses, and gave all the known remedies to relieve the pain and arrest the vomiting, without effect. I then sent for two drachms of powdered *Ipecac.*, put it in a pint and a half of boiling water, and applied a cloth wet in the decoction on her stomach. She vomited once after, went to sleep, and when she awoke four hours after, the lochial discharge had returned, and the pain and nausea were all gone. She recovered rapidly. H. L. SOOK.

THAT NECESSITY.

In your issue of April 15, 1875, I notice on page 340 an article endeavoring to illustrate the necessity of Pathology and Symptomatology combined. But in the cases mentioned as illustrations I see no reason why (if symptomatology is to be given any credit at all in the cure of disease) pathology should be brought out so prominently. If the two cases narrated could not be cured from "key symptoms," we might as well lay aside our materia medicas and call them so many novels for the amusement of "children." According to many of the key symptoms given, *Opium* would have cured case No. 1, and *Lachesis* case No. 2.—if any dependence is to be placed on the provings of those drugs.

PORTLAND, Me., April 23.

R. S. DODGE.

HEADACHE, WITH CHARACTERISTIC INDICATIONS.
II. LOCATION.

BY H. V. MILLER, M. D., SYRACUSE, N. Y.

(Continued from page 378.)

5. Vertex.

Agaricus.— Beating in vertex, driving almost to despair.

Baptisia, *Cimicifuga*, *Cobalt*.— Sensation as if the vertex would fly off.

Alumina, *Cactus*, *Cannabis*, *Cuprum*, *Kali bich.*, *Lithium c.*, *Lachesis*,
Oleum an.— Sensation of pressure as of a weight on the vertex.

Cannabis.— Continual headache at vertex as if a stone were pressing upon it. (Compare *Kali nit.*)

Phytolacca.— Heaviness at vertex.

Carbo an.— Pain in vertex as if the skull were open.

Calcarea carb.— Throbbing vertex headache, aggravated by stepping and by going up stairs.

Alumina.— Throbbing frontal headache, aggravated by stepping and by going up stairs.

Calcarea carb.— Burning in vertex with menstrual troubles.

Baptisia, *Carbolic acid*, *Glonoine*, *Natrum mur.*, *Sulphur*.— Headache with burning in vertex.

Cimicifuga.— Constant dull feeling in vertex; pain in forehead and eyeballs. Also aching, shooting pain in vertex and occiput and in left temple, eye and ear; worse from lying down. Sensation as if the vertex would fly off, and as if the cerebrum were too large, pressing outward and upward.

Chelidon maj.— Stitches in vertex, particularly when walking fast.

Cuprum met.— Crawling sensation at vertex as of worms.

Eupatorium perf.— Vertex-heat with vertex-pain relieved by pressure. Vertex-heat with buzzing in the ears.

Evonymus.— Pain as if a nail were pressed into vertex. (Compare *Coffea*, *Ignatia*, *Nux v.*, *Thu.*)

Formic ether.— Severe pain like a stitch with a dull instrument, as from a pressing nail, a little to the left of the vertex; continuing until he falls asleep.

Glonoine.— Intense congestion of blood to the head, with a feeling as if the temples and vertex would burst open.

Lachnanthes.— Sensation as if the vertex were enlarged and driven upward.

Mercurius iod.— Headache always on vertex or right side.

Phosphoric acid.— Dreadful pain at vertex, as if the brain were crushed. After long-continued grief.

Sarsaparilla.— Pressing pain in vertex, slowly increasing and slowly diminishing.

Spongia tost.— Pressing headache in vertex, at occiput, or temples. Jerks to vertex from temples. Drawing pain in vertex.

Stramonium.— Rheumatic pain in vertex several years. Dullness of

head, with vertex-heat. Beating headache, particularly in vertex, with fainting fits. Stupid feeling in head.

Sulphur.—Pain in forehead and vertex; head hot and feet cold; facial flushes of heat. Vertex-pain in small space near median line, a little to the left, commencing at 5 or 6 P. M. and continuing until 2 A. M. Worse in winter and cold weather. Pressing, dull pain in vertex and sinciput, commencing while asleep, rousing him at 4 A. M., and ceasing before noon.

Theridion.—Vertex feels as if it did not belong to her—as if separated from the rest of the head, etc.

Veratrum alb.—Sensation as if a lump were on top of the head.

6. Parietal Bone.

Coffea.—Headache, as if a nail were driven into the parietal bone. (Compare *Ignatia*, *Evonymus*.)

Sarsaparilla.—Stinging, tearing on parietal bone in left vertex.

7. Occiput.

Dulcamara.—Stupefying pain in occiput, ascending from nape of neck (*Helleborus*).

Eupatorium perf.—Soreness and pulsation in occiput (see *Asarum*). Also occipital pain after lying, with sensation of great weight in the part requiring the assistance of the hands to help it.

Formica.—A. M., headache in posterior upper and inner part of head, increased by drinking coffee, and aggravated each time during and after washing with cold water.

Gelsemium.—Headache, principally occipital, ameliorated by reclining with head and shoulders on a high pillow (*Spigelia*).

Helleborus.—Uninterrupted aching pain in occiput toward nape of neck.

Ignatia.—Occipital pain, worse from cold, from smoking, snuffing, or smelling tobacco. Better from external heat. Relief for a short time after eating. Throbbing, occipital pain, worse from pressing at stool, smoking tobacco, etc.

Lactic acid.—Occasional slight darting pains from centre of brain directly to centre of occipital protuberance.

Mercurialis.—Numbness in occiput and vertex.

Mercurius iod. ruber.—Dull pressure in cerebellum, below occipital protuberance, a while after pressure over the eyes.

Natrum sulph.—Boring pain in occiput.

Petroleum.—Occipital headache, with general spasms and screaming, constipation and anorexia. Aggravation from slightest touch.

Sepia.—Painful cracking in occiput.

Sulphur.—Bruised pain in occiput forenoon, lasting about an hour.

8. Cerebellum.

Camphora.—Throbbing pain like a hammer in the cerebellum, synchronous with the beats of the heart.

Elaps.—Pain in right side of cerebellum.

Iris.—Stitches in lower part, right side of cerebellum.

9. Nape of Neck.

Mercurialis.— Aching in nape of neck.

10. Hemicrania.

Anacardium.— Digging and throbbing pain in right side of head above temple and along the border of the orbit, entirely relieved by eating, while lying in bed at night, and when about falling asleep; worse during motion and work.

Caustic.— Neuralgia facialis, left side, worse after midnight, relief from bathing in cold water (*Antimonium carb.*).

Cochlearia.— Headache now in one side of the head and then the other; worse when opening the eyes widely.

Cuprum.— Aching first in the right side, then in the left side of the head. Stinging as with a needle in the right side of the head ever since morning.

Elaps coral.— Lacerating headache, first in the left side, extending to right.

Thuja.— Neuralgia goes to right side of head.

Eupatorium perf.— Shooting pains from the left to the right side of the head.

Natrum mur.— Headache ceases on one side and continues more violent on the other.

Mercurius jod. ruber.— Headache, left side.

Natrum sulph.— A pressure inward in right side of head after lying down in the evening, continuing all night. Tearing pain in right temple upward to top of head, 4 o'clock P. M., continued all night, accompanied by chill running up the back with chattering of teeth and shaking without external coldness; not lessened by the warmth of the stove. Violent tearing pain in right temple toward the facial bones. Tearing pain in right side of occiput when keeping quiet. Boring pain in occiput.

Pulsatilla.— Hemicrania, with bad taste in the mouth, forenoon without thirst, with nightly diarrhœa and scanty urination.

Sanguinaria c.— Shooting, stinging, beating pain throughout the head, but more in forehead and worse on right side of head.

Belladonna.— Right side, great sensitiveness to light, etc. (Compare *Spigelia*.)

Sarsaparilla.— Cramp-like, one-sided headache, beginning with flickering and blackness before the eyes; at the same time he seems to be unconscious; must lie down; cannot speak because every word reverbrates in his head. Pressure like tearing in the whole left side of the head. Stinging-tearing in parietal bone in left vertex.

Sepia.— Hemicrania, right side; drawing, tearing pains, sometimes stitches as of needles. Face dirty yellow.

Spigelia.— Hemicrania; the pain is increased by motion, noise, and especially by stooping; one or both eyes generally involved in the disorder. Left side with unsupportable beating in the temple. (Compare *Sanguinaria* and *Belladonna*.)

Spongia.—Dull headache in right half of brain on entering a warm room from the fresh air.

Thuja.—Left side. Has to bend head backward (*Belladonna*). Cold damp weather or a thunder storm excites it (*Nux vom.*, stormy weather). Emptiness in vertex. Headache on the left side as if a convex button were pressed on the part.

11. Whole Brain.

Cactus.—Cephalic pains, chiefly in vertex, temples, and occiput.

Colocynth.—Violent tearing pain, digging through the whole brain, increased particularly when moving the upper eyelid.

[TO BE CONTINUED.]

INTERESTING NOTES FROM CALIFORNIA.

ON CLIMATE, HABITS, DISEASES,—RHEUMATISM, PARALYSIS, SYPHILIS, GONORRHOEA, DIPHThERIA, MOUNTAIN FEVER, ASTHMA, TREATMENT, ETC.

The cold eastern winter has kept me here far beyond my calculations. Even if San Francisco is not a very desirable spot to live in, it is justly celebrated for its mild and temperate climate.

Several weeks since I bought my overland-ticket, and only too continued bad reports about cold weather had prolonged my stay up to this time.

Yesterday, Dr. E. D. Smith, of San Francisco, and myself, started off from the Golden City and are now at the Sherman House, in Valejo. We shall leave to-morrow, and intend to make a professional trip up to Stockton and San Jose. Dr. Smith left the Eclectic School's practice in 1868, by seeing cases cured by me under Homœopathic treatment. He adopted our mode of treatment, and has for years been one of the most successful practitioners of Homœopathy in San Francisco.

THE CLIMATE

is moist and temperate. Coast temperature from forty-five to eighty degrees R. The mornings are generally calm and semi-tropical; warm and full of delightful sunshine. At noon a breeze is blowing, and at 4 P. M. a half gale is sweeping in over the city, making sand and dust dance along the streets much similar to our drifting snow storms. At 6 P. M. the wind goes down, and the coast fog comes up. Gentlemen are promenading in winter coats and ladies in furs, and gradually the sea-fog is creeping down hills, wetting roofs and sidewalks, and lowering the temperature to forty-five and fifty degrees. The nights are cold and chilly, still most people sleep all the year around with the windows lowered from the top.

THE CAUSES OF DISEASE.

The diseases are more than half derived from disturbances of secre-

tion, caused from sudden changes of the atmosphere, one-fourth are drug diseases, and the next fourth imported goods.

It is a strange fact that bathing — eastern fashion sea-bathing — is so sadly neglected in San Francisco. Having the finest bay I ever saw, and having high tide from the ocean twice during every twenty-four hours, any person would believe that the San Franciscoans were enthusiastic bathers; but, on the contrary, for some incomprehensible reason all Californians are only made to look on the Pacific's blue waters. Hundreds of elegant carriages daily go out to the Cliff House, and the fashionable *élite* are looking out on the breakers, and the sealions, and the numerous vessels passing in and out of the Golden Gate, but any suggestion of taking a sea bath would at once be greeted as most horrible. A sponge bath once a week is the very best in that line which society will enter on, and the great public would not even be such a regulation.

A city of two hundred thousand people does not possess one single public bath-house, and not even a place conveniently accessible for the public to bathe, and this at a place where the water all the year around is pleasant, warm, and wonderfully invigorating to the system.

A gentleman at Blackpoint keeps a small establishment for guests who love the water, and charges only ten cents for all conveniences, but is patronized very poorly. I have taken sea baths at his humble place at nearly all times of the year, and hope he may never be tired of doing good to the few thankful souls who value his services.

Ignorance is the great bugbear that ravages humanity, and ignorance about health and disease brings its sure and severe punishment. Nothing is more a sanitary need in San Francisco than sea baths, and nothing is more neglected. Persons must have an iron-clad epidermis not to take cold there, and the sea baths would alone be able to establish such a condition of the skin. But what would the eight hundred doctors have to do if the San Franciscoans had the bay and ocean shore sown with bathing houses, and thousands of happy people enjoying themselves among the breakers' foam? Indeed very little sickness would be found, and still smaller bills to be paid.

RHEUMATISM PLENTY.

For such good reason is rheumatism the standing and common suffering. "How do you do to-day, Mr. N?" O, very well, except that confounded rheumatiz." And over and over again you hear of that fearful "rheumatiz," all, all down on "rheumatiz."

Dulc., *Cim. rac.*, *Rhus tox.*, *Calc. carb.*, *Merc. viv.*, etc., are used with good effect, and a new cold will tell over the same story. I say, "go in the bay and use sea baths, none suffer who do it." But such a demand is looked on as a remnant of barbarism, and a doctor risks losing both patients and income, and having them leave for some other quarter if he should persist in such insane counseling.

We have no chills and fever, nor bilious complaints, but atony of the liver and a charging of the blood with the lithic or uric acid.

Old and young suffer the common lesson without getting wiser than

to buy all kinds of nostrums and patent medicines, which make up one-fourth of all the suffering here called drug diseases.

EFFECTS OF DRINKING.—AQUAPHOBIA.

The custom to go and take a drink is so common that everybody does it. When friends meet on the street, the first sentence after saluting each other is, "Come and take a drink," and in they go to the next saloon. A very large percentage of the population never taste water as a beverage, but drink beer, wine, and what is still more destructive, dozens of drinks of whisky every day. Such proceedings lay the foundation to diseases of the stomach and kidneys, e. g., neuralgia of the kidneys, diabetes, and the dreaded Bright's disease. Our finest remedies in those sufferings are *Apis mel.*, and *Kreos.*

RELICS OF RHEUMATISM.

Prolonged and badly treated rheumatic cases result in deformities of the limbs and body, and even in paralysis.

This complaint is the backbone of all the misery in San Francisco. Eastern visitors will have their attention called to the large number of deformed cripples, who are standing on all the principal corners, exhibiting their misery and begging alms. Some are true enough impostors, but the majority are persons truly in need of assistance, and strange it may appear that the rich city does not build a home for its invalids, not a prison, as such houses usually are, but an attractive and comfortable home, which we find so frequently in Europe; a home of comfort and peace for those unfortunates, wherefore the blessing of God would more than repay San Francisco for its outlay.

SYPHILITIC EFFECTS.

More than three-fourths of all the cases of paralysis are caused from badly treated syphilis. *Mercury* is dead rank poison given in Allopathic doses, especially in this climate where we have little or no perspiration. I have treated a large variety of venereal diseases in San Francisco, and with uniform success, without any case where the slightest after-symptoms appeared. When the Allopathic school uses *Caustic mercury* or *Jodoform* applied to the syphilitic ulcer we have good reason to pray, "Father, forgive them, because they do not know what they do!" I have cured my cases of soft chancre in from twelve to sixteen and twenty-one days, and the hard Hunterian chancre in from four to six and eight weeks. Externally I keep only the sore clean and free from irritation by a weak solution of *Arg. nitr.*—4 grs. to *Aqua distil.* simplex 4 ozs—applied over the ulcer with a piece of linen saturated in the solution. The internal remedies are the different triturations of our *Mercury* preparations, mostly 3d. *Merc. viv.*, *Merc. rub.*, where the glands are disposed to swell, also *Merc. biniod.*, and in the Hunterian chancre *Merc. prot.*, *Cinnab.*, *Kreos.*, *Ars. jod.*, *Plat.*, *Mur.*, etc., and by judicious treatment, I can testify from experience for a series of years that after-sequels of syphilis are impossible to occur. I have never had a patient who returned and told me of the slightest discomfort after I discharged him, cured. It proves to me, that we have no more inno-

cent disease to treat than syphilis, and that it is quite manageable even in protracted cases, and becomes first destructive in its process, when the poison has been deprived of its local effect by external violence, and it is transferred by the lymph on internal viscera—then the nervous centres cease all reaction against the dyscrasia—and it poisons the secretive glands of the body, when the faithful reaction is destroyed, until the degeneration of the blood corpuscles brings out tubercles and exanthems on the skin as constitutional syphilis, and where this reaction is no longer possible there is the tissues around the nerves involved in sub-inflammatory process of a neuragial character until depletion and softening of the nerve-substance strikes the victim down in paralysis, which is generally attended with severe mercurial poisoning of the system.

The old school commits this wholesale slaughter in the broad daylight of the Nineteenth century and trusts to the ignorance of the public hoping that nothing better could have been done and who dare to speak against the great Ephesus Diana, the regular Goddess. She who is honored among all Nations.

GONORRHOEA, TREATMENT, ETC.

Gonorrhœa is cured without any trouble in from ten to fourteen and twenty days, but fashionable regularly treated with injections during the inflammatory state it presents sequels of orchitis, cystitis, and renitis, of the most severe and painful character. Also dangerous instances of phimosis are caused here by premature injections and checking of the discharge. Some very bad cases of rheumatic-neuralgia from such causes have paralytic constitutional tendencies.

A patient, (a German Baron,) called one day, in San Francisco, for my assistance. He had lost his fortune in gambling, and lost his health from frequent attacks of gonorrhœa. Protracted cases of gleet were treated by strong injections, and for the last year his condition was very pitiful. He could not work, and like the prodigal son, his friends deserted him and none would give him anything. At last he got work in a hotel kitchen, and somebody sent him to me. He was saturated with *Mercury* from old treatment of syphilis, and had taken pints of *Cubebæ* and *Copaiva balsam*. I gave him *Thuja* 10, and at times, a few drops of the tincture. The result was, after eight days treatment, that reaction took place, and he became covered all over the body with pustules simulating true small-pox, corresponding exactly to our *Thuja* proving, but with the appearance of the dyscrasia disappeared as a flash all his symptoms of suffering. The exanthem remained on the skin for eight or ten days and disappeared scaling off leaving for weeks dark marks as after small-pox, and his health was perfectly restored. Some people and among those the police insisted that he had the small-pox, caused from his imprudence in taking a walk along Montgomery street and presenting the fashionable world his fearful looking face, and scaring the ladies sufficiently so they deserted the sidewalk, but I gave them sufficient evidence on the contrary, so he was allowed to remain closed up in a room in the hotel.

DIPHThERITIS.—A SINGULAR CASE OF PARALYSIS.

Talking of paralysis I must report a case also treated in San Francisco. Capt. Chr. Andersen, of Suisun, called one day walking on crutches into my office. He had been paralytic for three years. The condition commenced after diphtheria. The doctor applied *Caustic* to the exudat and the tonsils, and a few days after his lower extremities became paralytic. I gave him *Phy.* 15, and *Phos.* 30. Two weeks after he entered my office by a cane, and one week more he walked without any assistance. Six weeks after the commencement of treatment he took command of his vessel and is now in full health. It was evidently nothing else than a metastasis of the dyscrasia from the local symptom in on the nervous centres, causing the paralysis as an reflex action.

It reminds me of one of the first cases of diphtheria I ever saw in the United States. Dr. W., of Council Bluffs, had a son sick of that disease. The doctor treated himself for fourteen days, but not being satisfied with the result he called me in consultation. I found the boy very prostrated and discovered exudat on the tonsils. The doctor was very willing to adopt my treatment, and after five days the throat looked fresh and well, all the exudat was going, leaving a healthy looking surface. I prescribed diet and regimen and left some *Ars.* and *China*. Next day the father came to my office and told me that his wife was very uneasy over the prostrated condition the boy was in, and on her advice Dr. H. was called in, and he left a prescription of *Chloride of iron*, tinct., and the father wanted to know my views. I told the doctor to be the man in the case and not allow his wife to rule her ten-year-old boy down into a premature grave, but to have patience and neither give the *Tincture of iron* nor the stimulating soup diet. My ideas were not rejected, but the father thought he was overruled and his wife had taken the responsibility on her. I predicted a paralysis as the unavoidable result, and death as the next issue. It went as I said. The second day after, the boy was paralytic; the third, dead; the fourth, buried.

At the time I left Council Bluffs, in the winter of 1874, the doctor took sick with diphtheritis. He called me, and said, I do not wish you to leave town before I am well, we have seen to much suffering in this house by not following your advice, and I had to remain until he was out of danger.

I could write a volume on paralysis in California, but have to be circumscribed, and will proceed to our next disease.

THE CALIFORNIA FEVER

is a type of low typhoid intermitting fever, a very mean disease as it is styled among the population. In reality it is not very different from the Utah mountain typhoid fever. I will give a description of cases of both diseases:

In Salt Lake City, Dr. L. called me in consultation to a patient suffering from mountain typhus fever. It was a girl, twelve years of age, daughter of one of the aldermen of the city. She was lying unconscious for the last eight days. Had been sick two weeks altogether.

Was treated the first week by Dr. B., and the last week by Dr. L. Dr. B., an Allopathist, and Dr. L., tincture man, among the Homœopaths. Pulse 140 to 160, and breath very offensive; much emphysema of the right lung and involuntary discharges from the bowels. I ordered wet packs of short duration and during the intervals the abdominal bandage. Gave *Rhus tox.*, *Ars.*, and later, *Lach.* and *Pod.* As soon as the fever was reduced, the emphysema going, the breathing more normal and not offensive, and the involuntary discharges were controlled by *Pod.* I ordered *Ars.* and *Mur. acid* to be continued, but here occurred a lamentable mistake which cost the girl her life. The old Dr. L. went into a drug store and got the *Mur. acid* and, without my knowledge, put ten or fifteen drops in a tumbler one-half full of water, and it was given in alternation with my *Ars.* 30.

In the night I had a messenger to my room in the hotel, that the girl had profuse bleeding from the bowels, passing away from her involuntarily mixed with slime. Dr. L. was informed about it, and in the morning we walked together to the house for to witness sheets soaked with coagulated blood. It puzzled me severely how it could have happened, so I investigated the remedies and perceived the odor of the crude *Mur. acid*. It struck light in the case. I gave without delay *Carbo veg.* 15 and 30, and the bloody discharges were speedily arrested. Her diet was regulated accordingly—mostly arrow root—and she rallied again. My time was up to remain in Salt Lake City, and recommended to continue *Ars.* 30 and *Carbo veg.* 30 in alternation, and left for Ogden. The girl lived fourteen days longer, but sank gradually from that time. Remained constipated, and died without doubt from intestinal gangrene.

The Utah mountain fever does not, as a common thing, attack persons born or acclimated in the territory, except it be very plethoric persons, girls at maturity, boys at nineteen, or ladies at the period when menses cease. The disease demands its numerous victims among the newly arrived Mormon emigrants from Europe, or among miners coming from Wisconsin, and induced by eating too much meat and drinking "Valley tan," a miserable kind of poor, homemade whisky.

The graveyards in Utah are peopled yearly by these new-comers.

The disease commences with lassitude, headache, vomiting, and delirium; want of sleep and extreme nervousness following with an intense spell of violent fever.

The California fever is most prevalent in February and March on the opposite time to that in which we are treating intermittent and remittent fevers. In some respects it resembles the Utah mountain fever, and in others, not. The California fever in its first attacks corresponds to *Bryonia*, and the former to *Rhus tox.* In the California fever is severe pain in the spleen, and lassitude, but the delirium is not general except during sleep, and sleeplessness without the slightest desire to sleep is a standing symptom. The fever comes in typhoid regulation, and the patient is so extremely sensitive that the slightest noise makes them excited and trembling, but even one week without any sleep

gives them not any inclination to rest. The disease resembles in some respects the malarious dumb-ague. Peoples' opinion is, that the meat of new-born calves will give the fever to emigrants and eastern visitors. The tongue presents a heavy, *Mur. acid*, dark-brown coat, and when diarrhœa sets in, stupor and coma follows. Hydro-pathy has proved to be very efficacious in using wet packs, and keep up a good hygiene. Allopathy is worse to the patients than no treatment at all.

I treated one case with extreme prostration and excessive flatulence. I directed all my treatment to prevent the diarrhœa, and succeeded in getting the gentleman restored to a state of rapid recovery in about three weeks.

Every case has to be studied and remedies given according to the pathological indications to the correspondence of our materia medica. Remedies which are indicated to be of use in general typhus and typhoid fevers are also available in the California fever. In portal obstruction, and clay-colored fœces, *Chin. sul.* and *Pod. per.* are beneficial.

In sleeplessness, *Nux. 30*, *Cocculus 30*, and *Hyoscy. 15*.

Stupor and coma, *Op.*, *Stram.*, *Chin.*, *Lach.*, *Lyc.*

I have often relieved the constipation with *Ipec. 30*, where all other remedies failed.

Diarrhœa and cramp, *Cupr. acet.*, *Ars.*, *Verat.*, *Petr.*, and *Mur. acid*.

Prostration, *Carbo veg.*, *Chin.*, *Ars.*, *Sulph.*

Delirium, *Atroph.*, *Sulph.*, *Hyos.*, *Nux.*, *Lach.*

These cases treated with excessive doses of *China* or *Calomel* all prove fatal, and most physicians give little or no medicine.

The sequelæ after California fever, and also after remittent and inter-mittent fevers, are frequently serious *Mercury* and *Quinine* aggravations attended with liver and spleen derangements, and general jaundice.

I have treated from the same cause numerous patients suffering from incipient aneurism and valvular cardiac relaxation. In one case attended with severe pulsation of the subclavian artery near the clavicle. This case was cured by *Chin. hydrocyan. 30*. According to the stethoscopical diagnosis, I had very little hope for this gentleman, who lived near the Humboldt bay on the Pacific coast. The *Hydrocyan acid 15*, had very little or no effect, but *Chin. hydrocyan. acid 15 to 30* restored his health above all expectation and removed nearly entirely every trace of the irregular valvular action, and caused a contraction of the extended wall of the aorta.

Both before and after this treatment those *Acids* have been of the greatest service, even in cases where the disordered valvular action had arisen from rheumatism and heavy lifting.

INTERMITTENT FEVERS.

In the Sacramento and San Joaquin valleys, around Marysville, and south of Tulare lake in Kern county, California, are prevailing very malarious intermittent fevers. Some patients come in to San Francisco, and those who resorted to my help I have restored to health in a

few days with *Bry. alb.* 6. When the disease has lasted for months and often attended with considerable bilious taints of jaundice, I give *Crot. hor.* 30, and it proves as valuable here as in the Missouri valley in protracted cases of this disease.

ASTHMA.

On such a basis is raised another suffering, most ravaging the victims—and so it is, that asthma becomes the next dread on this coast. Very few asthmatic patients are benefitted by remaining under treatment in San Francisco. The *Crotalus hor.*, *Ars.*, *Stan.*, *Colc.*, *Ipec.*, etc., will relieve, but not perform any radical cure. At the same time, three-fourths of all asthma in San Francisco is not contracted here, but is imported from the country, and for the reason that no intermittent fever exists primarily in and around San Francisco, I conclude that the climate does not propogate asthma; and cases originating here are brought on artificially—which I will illustrate:

The proprietor of a hotel applied for medical help. He had contracted the itch and was counseled by a friend to sponge all over the body with *Alcohol* mixed with *Strychnine*, the itch disappeared, but in return he became a sufferer with the asthma. I gave him *Ars. alb.* 15, and he was promptly healed in ten or twelve days. But asthma having a psoric or dyscrasic origin is very obstinate. At times patients cannot inhale the air of San Francisco at all, without the pulmonary nerves becoming so sensitive that the nervous coat of the membrane cannot bear the inhalation, and first profuse secretions and next convulsive pulmonary contractions take place. Most all such patients are partly, and some entirely, restored to health by leaving the city and go to the country and up in the mountains. A lady from St. Helena was relieved to much ease and comfort nearly instantly, after all treatment had failed, by passing my hand a few times across her breast, and making one or two vital magnetic strokes along the spine. She remained in perfect health for months, until one night after having taken a severe cold she got a slight attack.

More anon.

P. W. POULSON.

523 Kearney street, San Francisco, Cal.

CASES FROM PRACTICE.

PUERPURAL CONVULSIONS.

EDITOR INVESTIGATOR: On page 335, April 15, is a communication from Dr. Cooke, Moravia, N. Y., giving a case of puerperal couvulsions in which the patient had five before his arrival and twelve afterward. He *then* noted symptoms, etc., cured the case splendidly, and ends the report with an exultant shout. I like it all very much, excepting the number of convlsions. I read it to my wife, and when I came to the place where he *then* noted symptoms, she wanted to know what he had been doing *before* that time. Now that is just what *I* want to know.

Had he given any remedies at all? *Tart.* effected the cure, the case is instructive to me, and I am glad to see it.

The following case may be worthy of perusal: Woman, aged about thirty-two; third or fourth pregnancy, second living child (this child died from inanition a week afterward); delivery at eight months; family history full of fits, she having had convulsions once before. Cankered sore mouth, and vomiting last few weeks, somewhat enfeebling health; pains began Saturday evening, unsatisfactory and annoying; os stationary, three-fourths inch diameter. Gave *Coff.* 6, *Bell.* 3, *Puls.* 3, and Sunday morning, the os being larger, gave *Wine of ergot.* Effects not marked.

At 10 A. M. Sunday, she suddenly fell into a spasm. One hour later, another. After the second one I gave *Gels.* 30, one dose. Next hour, spasmodic signs passing off. No more convulsions, delivered at 8 P. M., partially under *Chloroform*; child nearly asphyxiated. I was exultant, and blessed Guernsey for saying *Gels.* bids fair to become important, for that was my key-note. The attack began with a rapid twitching oscillating of the eye-balls, which in two or three seconds turned far to the right, the mouth was drawn violently to the same side, and the convulsion was established. Breathing suspended perhaps thirty seconds, and in two to four minutes consciousness returned.

Three hours after delivery the eyes gave the fatal signal, but vomiting took the place of spasm. Soon, however, a spasm did come, and she had three before morning. *Gels.* produced no effect. Monday morning gave *Cham.* 6, on account of angry impatience, a dose every two hours. Three or four spasms afterward, each one lighter, no more after six hours. Patient appeared insane, and recovered her mind gradually, during four or five weeks.

Now, what in the name of common humanity shall I do if that woman ever becomes pregnant again? Her husband will follow my directions, but, ahem! spare my feelings!

CALC. CHLOR. IN DIPHTHERIA.

Lippe's intolerance, page 174, of Neidhard's *Chlorinated lime* treatment in diphtheria, appears to me harsh and unkind. I relish wholesome criticism, but not such abuse. I have myself several times wiped out the tendency to diphtheritic sore throat of several years standing after a severe attack, with the solution, also the first decimal trituration, and have seen Neidhard do it many times. It must be triturated carefully. With three parts sac lac a little grinding starts a kind of effervescence. A brown spot appears at the bottom of the mortar, spreads and rises, involving the whole mass, giving off steam, becoming very hot, and in ten seconds the mortar is full of something like burnt molasses, and the drug is chemically changed. After a few minutes drying, the mass may be pulverized. But the first decimal will bear considerable trituration.

HEMLOCK SWEAT IN ACUTE HYDROCEPHALUS.

CASE I. Female child, one year old. Cholera infantum, severe from the first. About the seventh or eighth day all the usual signs of hydro-

cephalus appeared. After twenty-four to thirty-six hours unsuccessful attempts to master this with medicines, I put the child, naked, under a tent, introduced a bucket of water containing a handful of hemlock (*Abies canadensis*) twigs, and produced steam by hot bricks. Went under myself to regulate the heat, and watch the result. In less than half an hour the child was more quiet, and in an hour or more, all rolling of the head, piercing cries, and other brain symptoms had completely subsided. The patient lived a week afterward, and died of the cholera infantum without brain complications. No use to report medicines used.

CASE II. Similar patient and disease. Brain symptoms more violent, *Pod.* 2, and *Apo. can.* 1. Sweat with blankets wrung from hot water, the twigs being placed between them and the child's body, and separated from the skin by one thickness of muslin. Patient in country, could not watch. Ordered sweat to be continued until better.

Report: Sweat from 6 to 12 P. M. At midnight, sinking spell, thought dying. At 3 A. M. better, and rapid recovery followed.

CASE III. During convalescence from croup (Case II, below) spinal irritation, opisthotonos, rapid pulse. Sweat with blankets, as in Case II, applying only to the back. Better in ten hours. *Bell.* 3, and *Apis.* 1. In all the cases I of course gave the medicines long enough before sweating to decide that no marked effect was likely to appear.

STEAM INHALATION IN CROUP.

CASE I. Boy aged five. Took cold ten days after diphtheria. Younger brother died without treatment, a week previous, of same disease. Friends thought the cases alike. This patient was already so bad when I was called that I at once prescribed the sweat. Being in the burnt district I could get no hemlock, and so from time to time poured a few drops of *Oil of tar* upon the water. Gave *Acon.* 1, and *Spongia* 2, in water, often. There appeared every probability that the patient would die in a few hours, and I therefore directed the friends to continue the steam until the dyspnœa was relieved. It was kept up for twenty-four hours; and for a week following, the patient was carefully guarded from drafts of air, every breath threatening to renew the croup. This child was generally regarded as snatched from the grave, but I do not pretend to know what cured him. My idea, however, is, that the medicines are the oats, and the steam only the whip.

CASE II. Male child, ten months old. Croup, from exposure. I attended him from the first, but he grew gradually worse, and at the end of a week, considering the case hopeless, I gave the patient several hours steam inhalation, using both *Oil of tar* and *Lime* to impregnate the vapor. This did no good, and I took him out to die in his mother's arms. But he didn't die, and for the next forty-eight hours we expected every hour would be his last. All the terrible symptoms of croup were present—head thrown back; cervicle muscles tense; depression above clavicles; lower two-thirds of sternum abruptly depressed, it seemed half way to the spine; abdomen working violently.

This was occasionally interrupted by a sinking spell, when they thought him dying; but I never considered him actually "death-struck," though I momentarily expected to see the dying look creep over his face. Before the sweat a prominent Allopath had diagnosed a membrane forming in the larynx. But he was wrong. The child never threw up any membrane. The trouble was capillary, whence the profound dyspnœa. Forty-eight hours after the sweat, I resolved to give another, thinking it might make his death easier. After inhaling the steam, with very little *Oil of tar*, for about four hours, the cough began to loosen, the sternum gradually resumed its normal position, the breathing became easy, and in six or eight hours we took him out because the croup symptoms had vanished. Coughing nearly choked him, on account of the abundant loosening of mucus, but he threw up no membrane. The fact that the condition before the sweat had come on gradually during eight days, without a moment's intermission, precludes the idea of spasmodic affection. I regard this case as nothing short of a miracle. When he came to life he was taking *Acon. 6*. The day previous he had taken *Lob. inf. 1*, and *Iodine 30*. He had had *Acon.* before.

One swallow does not make a summer, and I write these cases more in the hope of eliciting similar reports from others, than of enlightening them. The steam sweat is less severe than the cold pack, and probably accomplishes the same results.

TWO CASES REGURGATION OF FOOD

without nausea. Both promptly relieved by *Phos.* One 6, and the other 30 — the latter twice relieved.

CASES OF COL STIPATION.

Several cases constipation — stools hard, large, dark. *Nux 30*, a dose every evening.

One obstinate case, whole life — is nearly forty — stool large, hard, dark, once a week, improving under *Lachesis 200*; at first one dose, followed by placebos; now, a dose every evening.

HOW TO USE TUBE VIRUS.

Let me tell you how to vaccinate from a tube. Blow a very minute drop upon the skin, and scratch through it. In this way I have vaccinated fourteen from one tube. The ordinary method of putting it upon glass, and dipping the lance into it, wastes much more than is used.

MENOMINEE, Mich.

O. B. BIRD.

TO THE DEFENSE OF SCHUSSLER'S REMEDIES.

In Vol. I, No. 4, of the UNITED STATES MEDICAL INVESTIGATOR, J. P. Dake, M. D., attacks Dr. Schussler's Remedies like a true hero. His onslaught begins with assailing the oldest Homeopath now in America, (C. Hg.) Hg. dared to give Schussler's remedies a hearing,

and any one who read Hg's little pamphlet will acknowledge that he did not represent them as cure-alls. But when one comes out in print to assail a man, whose memory will be cherished long after D.'s bones (combination of *Calc.* with *Phosph. ac.*) are used for something else than an Homœopathist, it is time to show him that who lives in glass houses should not throw stones. The idea of *Kali carb.* and *Sulph. acid* making a combination, is simply absurd. Just so soon as *Sulph. ac.* comes in contact with *Kali carb.*, *Magnesia carb.*, *Natr. carb.* the *Sulph. acid* sets the *Carb. acid* free and forms *Kali sulph.*, etc., etc. To say he don't know whether the effects are those of *Kali carb.* or *Sulph. acid* shows that the money given out for his lectures on chemistry was a waste. According to his ideas, he could not give *Calc. phos.*, *Natr. sulph.*, or *muriat.*, etc.; they are all, according to his chemistry, different agents. If he so objects to combinations, why does he give *Hepar sulph. calc.*

The editors of the UNITED STATES MEDICAL INVESTIGATOR should look to such palpable errors and not make a laughing-stock out of an otherwise highly valuable journal, by permitting such unscientific articles. You know well enough, how eager the Allopaths grasp at such morsels.

Sine ira a studio.

NEW ALBANY, Ind., April 23.

THEODORE MEURER.

[We do not edit a journal for the disgust or amusement of our Allopathic neighbors. If our readers can learn anything for or against the remedies introduced (breech first) by Schussler, etc., to make them better doctors, we shall have nothing to say; but if this discussion degenerates into a guerilla warfare, we shall not exhibit the wounded to the amusement of anybody. Be parliamentary, gentlemen.—ED.]

REMEDY FOR CHRONIC SICK-HEADACHE.

An article appeared in the April number, page 341, in which Dr. O. B. Bird asks, "What shall I do for chronic sick-headache?" and then gives symptoms, treatment, etc.

I am surprised that he should have overlooked *Sepia*, *Spig.* and *Natr. mur.*, and would suggest that he try those remedies, together with *Lac defloratum*. The symptoms are all covered by these remedies, or the greater portion of them. *Lac deflor.* has done signal service in the hands of one of my preceptors, Dr. McCourt. Of *Spig.* and *Sepia*, I would give the 6th or 12th, every two hours during the paroxysms, and three times per day when expected. Of the *Lac deflor.* the 6th potency, and *Natr. mur.* the 2d. I hope Dr. Bird will give these remedies a faithful trial, and if successful to make it known.

Roseola and Pertusis quite prevalent in this section.

We are testing the efficacy of colored glass in the treatment of chronic affections, and will report success or failure.

TROY, N. Y.

F. E. HALE.

SANGUINARIA IN RHEUMATISM.

Dr. Goodman's experience with *Sanguinaria can.* reminds me of the following from my note book :

"Patient suffering with headache, especially over right eye; rheumatic pain in neck and shoulders, (more in left); amelioration when lying perfectly still. Patient approaching climacteric period. Thought of *Sang. can.* Gave a dose of 200th, to be repeated the same night at bedtime."

Relief came after first dose, and next morning was quite well. Members of the family called her attention to the unusual whiteness of her teeth, which were usually of a yellowish color. I had noticed this frequently during the last two years, I now noticed a marked change—teeth of beautiful white; this was observed the second day. Saw her again at the end of a week; was free of headache, and teeth nearly as white as ever. Had *Sang. can.* any thing to do with the phenomena?

MINNEAPOLIS, Minn.

W. H. LEONARD.

ŒDEMA OF THE TONGUE.

On the morning of April 11th I was called to see Ditha L. Found her in a speechless condition, tongue protruding between her lips, some fever, throat felt raw and sore from hawking up of phlegm that would rise in the throat; parotid glands swollen. Prescribed *Apis* tinct. and *Bell.* 6, to be given alternately every hour. On the morning of the 12th she felt better; tongue less swollen, and less fever; throat sore with a continual hawking; said the phlegm choked her. Continued *Apis* tinct and *Bell.* On the morning of the 13th found her worse; the tongue swollen worse than it had been at any time, high fever, skin hot and dry, and throat sore. Prescribed *Aconite* 30 and *Bell.* 6, to be given every half hour, and *Kali bich.* 2, a powder every two or three hours, to be taken dry. On the 14th, less fever, but the tongue and throat about the same; said the *Kali bich.* cut the phlegm and relieved the soreness of the throat. On the 15th, tongue and throat about the same, with less fever; skin moist. Continued *Aconite* 30 and *Bell.*, to be taken alternately every hour, and a powder of *Kali bich.* whenever the throat became dry and painful. On the morning of the 16th, no fever, tongue bleeding at the tip. Prescribed *Lachesis* 30 and *Bell.* 30. *Lachesis* three drops every third hour, and *Kali carb.*, a powder every two or three hours. On the morning of the 17th, found her much better; could talk some; no fever, and skin moist; wanted to eat. Continued the prescription, and on the evening of the 18th discharged my patient.

D. PITTMAN.

QUINCY, Iowa, April 28.

Surgical Department.

THE EYE TOOTH AND THE EYE.

READ BEFORE THE "PHYSICIANS' CLUB," BY JAS. A. CAMPBELL,
M. D., ST. LOUIS.

In all popular legends or common beliefs we may generally find a germ of truth if they are examined carefully.

It is a fact, fixed in the minds of most people, that there is a direct connection between the "eye tooth" and the sense of vision; that with the loss or injury of this tooth, there is a corresponding injury to the sight. This is one of the popular beliefs, and one upon which little has been said by way of explanation.

It is difficult for the anatomist to trace out, or the physiologist to find any direct connection between the nerve of special sense that gives vision, and the ordinary sensitive branch of the trifacial which supplies the teeth. Yet many facts connecting the two seem to argue well for popular belief.

Cases where irritation or disease of the canines is accompanied by deterioration, and sometimes even temporary total loss of sight, are by no means rare. All of us are cognizant of such cases. In our journals they are constantly appearing or reappearing as phenomenal and strange, and related as cases of interest. And the connection is not accidental, but the relations of cause or effect are so well established and admitted that we need not stop to consider it here.

Let us briefly examine the facts so established. It is the every-day observation of the dentist to find pain in the lower diseased teeth associated with severe pain in the upper and sound teeth of the same side. When we consider the manner of distribution the great trifacial, we can see no inconsistency in explaining this by "reflex action," through the filaments of this most sensitive of all the nerves. And it is convenient to dismiss it thus. But the gap between the eye, that is its visual function, and the sensitive nerves supplying the teeth is wider, and we cannot so conveniently step across.

We are taught to believe that each system of nerves has its own special function. That light affects only the optic nerve; sound, the auditory; sensation, the sensitive, etc.; but the connection between irritation of the sensitive dental branch of the fifth pair and the eye remains a fact, and we must examine their relations as best we can.

It is true that the first or ophthalmic branch of the trifacial is distributed to the eye and some of the surrounding tissues; and the same theory of reflex action, which associated and explained the connection of the upper sound teeth with the lower and diseased teeth, might,

with equal reason, be applied to explain the connection between the first and second branch of the trifacial, as between the second and third branch. And were the connections in the cases related, those of associated pain or irritation, it would be easy to so dispose of it, and cases of this kind are constantly recurring; and many dismiss the subject thus, without further thought. But unfortunately for this theory, the ophthalmic division of the fifth nerve has little, if any, direct connection with the sense of vision, it merely supplying the parts to which it is distributed with ordinary sensibility. The reverse was until recently advocated; for experimenters and authorities on the subject found that division of the fifth nerve or its ophthalmic branch was followed by injury to the sight and a diseased condition of the cornea; hence it was supposed the fifth nerve, in addition to its sensitive office, must have a direct influence upon the nutrition of the eye, as also upon its functional activity. But more careful observers found that when the division of the fifth was made behind the point where the sympathetic joins with it (on a level with the ciliary ganglion), vision was not affected. And the experiments of Snellen and others have conclusively proven that the corneal ulceration and degeneration of the parts which follow the division or paralysis of the fifth nerve depend, not directly, but indirectly upon that fact, and that it may be prevented, if the eye is externally protected from external irritations; that is owing to the insensibility of the parts which follows division of the fifth, the faithful sentinel sensation being gone it does not feel, and hence fails to resent external irritation, which soon causes the changes in the corneal tissues.

But in the cases related of failure of sight, depending upon diseased teeth, the external eye is reported as presenting no evidence of abnormal change; and there is little or no pain accompanying the gradual fading of sight. Of necessity the connection must be through nerves, for without nerves there is no activity. From our brief examination of the fifth nerve we see that it is necessary to look to another channel through which the influence is transmitted. And thus we turn to the great sympathetic for a moment.

The sympathetic, owing to natural obstacles which stand in the way of experiment, is comparatively little understood, but we know it to be the great nutritive system, and that its filaments accompany and have much to do with regulating arterial activity. The fifth pair is connected, in different parts of its course, with a number of small ganglia of the sympathetic. The ophthalmic ganglion receives a sensitive root from the ophthalmic division of the fifth. A small sympathetic filament from the ophthalmic ganglion penetrates the optic nerve with the arteria-centralis-retinæ, which supplies the retina. Now, as division of the fifth nerve affects the sight only when it includes fibres of the sympathetic, it would seem reasonable to suppose that it is through the sympathetic that the sight becomes involved.

The conditions necessary to vision are, unobstructed dioptric media (cornea, lens, etc.), through which external impressions may pass; a normal condition of the retinal nervous expansion to receive such im-

pressions; ability of the optic nerve to transmit the impressions so received; and finally, condition of the sensorium to recognize impressions so conducted. And thus explanations of any variation in sight must be sought in a defect in any one or more of these links. In the cases under consideration, the dioptric media are reported as unaffected, nor can we think that it is the sensorium at fault; hence we may narrow the affected parts to the optic nerve and its retinal expansion.

We have now reached a point where reasons are in order; but although we have traced the subject this far, almost to warrant a rational conclusion, just here a great obstacle stands in the way, which prevents, for the present, a more definite answer, that is, in none of the cases presented has a careful ophthalmoscopic examination of the inner eye been reported. This is of vital importance and would decide many things. Without it no one versed on the eye would attempt to decide so important a question.

Experiment proves that a division of the sympathetic fibres causes vascular congestion of the parts to which they are distributed, which may last for several weeks; and also that direct irritation of these fibres causes the reverse effect. Either of these conditions would affect the sight. Is it then owing to over-vascularity of the optic nerve and retina, as would be caused by division of the ophthalmic, or the reverse condition like that caused by irritation of its fibres.

We may ask is this connection possible? Without a doubt it is, and can be verified by analogous nervous reflex action in other parts of the body. Disgusting sights or odors may cause nausea; may hasten or retard menstrual flow; may induce premature delivery. That is we may have evidences of reflex action from sensitive points through the cerebro-spinal and the sympathetic system to the different organs and distant parts of the body. Thus the path of transmission is clear from the eye to other points and organs of the body; and for a like reason the reverse must be so.

The sight may be affected by many and varied causes, some clear and others obscure. And quite an exceptional degree of diagnostic skill is requisite to differentially distinguish many of its variations. And hence when the competent oculist has searched in vain for a hidden cause, let him not forget to examine the teeth. And the dentist should also remember that it is very possible for diseased teeth to co-exist with impaired vision, with not the slightest connection between them; that this peculiar state is indeed quite exceptional, and occurs in only a limited number of cases.

*ANTIMONIUM CRUD. IN CONJUNCTIVITIS WITH
CLEAR URINE.*

My case of polyuria reported on page 229, UNITED STATES MEDICAL INVESTIGATOR, is a success, and it proves that *Ant. crud.* will cure

conjunctivitis with much redness and dryness of the eyes, tongue free of fissures, very profuse clear urine; in short, a general dryness of the mucous membranes caused by profuse urination.

NASHVILLE, Ill.

C. BERNREUTER.

NEW FORCEPS FOR NASAL POLYPI.

BY RICHARD EPPS, M. R. C. S., M. D., LONDON, ENGLAND.

Mrs. P., the subject of the following notes, had a constitutional disposition to nasal polypus, what I may term a polypoid dyscrasia. This was not only shown by the number of polyps (five) removed by myself, but by the fact, that thirty-six years before, when a girl of twelve years of age, she had had the ordinary operation of avulsion performed by the late Sir B. Brodie. Another thing worthy of notice, was the comparative painlessness of the operations which I practiced—I should mention that I operated on separate occasions on the two nares. This freedom from pain was very striking. The patient had a vivid recollection, even at such a distance of time as thirty-six years, of the pain she felt on the former occasion when Sir B. Brodie operated, both at the time and afterwards. One of the turbinate bones was injured at the time, and occasioned some hæmorrhage for several days. She must indeed have suffered a good deal to have remembered all about it so well, for she was a “plucky” little woman when she came to me, and positively declined to have her head held, although she could not know beforehand that the operation would be nearly painless.

I found on this occasion, as I have on several other: recently, a new nasal speculum, made very light of German silver, with a screw arrangement for dilating and fixing open the nares without holding—a very handy little instrument. I do not know the name of the inventor, or rather, adaptor; for it is evidently an adaption of the screw-dilating wire speculum for the eye.

The freedom from pain was, however, due to the forceps employed. The profession is indebted to the ingenuity of Mr. John Marshall for the design of these forceps. They differ from the ordinary avulsion forceps, in possessing a narrow-cutting stylet for the division of the polyp. This stylet slides in a hidden groove in the forceps blades, and, when these latter are closes, *as in use*, the former can neither be seen nor felt. Instead of the pedicle being twisted and torn from its attachments, it is, with this instrument, forcibly compressed and divided. The whole operation is most quickly accomplished and with perfect safety, and without pain, as already stated. Indeed, as to pain, when avulsion is practiced, patients always remembers with a thrill, the feeling as though the eyes were being dragged into the head.

It has been objected to these styletted forceps, that, with them, the operation is not so thorough as it is when ordinary avulsion is performed; in short there is a likelihood of the re-growth of the polyp. This, however, remains to be proved. It certainly seems to me to be

rather a fanciful, theoretical objection than a practical one. When polyps, in other situations, are removed with the ligature or ecraseur, this objection is never made, or even suggested, as a possible cause of failure. At all events, one thing is certain, patients with nasal polypi greatly prefer their removal in the manner described in this paper, to the customary process of avulsion. Mrs. P., the patient already referred to, assured me that she would sooner have the new operation performed a dozen times than the old one (that of avulsion,) once.

Even if the already mentioned objection to polypoid ablation be well founded, it is not certainly an insuperable one. If a polypus can grow again after ablation, it does not follow that it will; and even if it has a natural tendency to do so, it is not a reason for its being allowed to do so unchecked. I know that I have cured these growths without any local application of *Sang. can.* and the *Teucrium marum*.

A case successfully treated with *Teuc. m.*, is reported in a little work on "Surgical Diseases Curable without Cutting," but which appeared originally in the *London Homœopathic Monthly Review*.

Mrs. P. has had altogether five polyps removed by me, and there is as yet no sign of re-growth. The place of their growth has been daily touched with *Teuc. m. tinct.*, and *Teuc. m. 1*, administered internally at the same time.

CASE OF MRS. P., PRIVATE DISPENSARY PATIENT. Case Book, 1875., p. 779.

Mrs. P., aged fifty-four.

March 9, 1875—Nasal polypi; both nostrils completely occluded; been coming on gradually for some years, but complete occlusion only ten months. Recommended by Mrs. Peat, of Kilburn. Was, when aged twelve, operated on by Sir B. Brodie for a similar growth; a turbinate bone then injured; remembers she suffered great pain. Examined both nares carefully. Used a new screw-dilating wire speculum. Removed two polyps from the left nares. Plucky little woman; declined all holding. Very little pain or bleeding. Used Marshall's new styletted polypus forceps—very handy instrument. To come again in a week. Gave *Teuc. m.* internally and locally.

March 17—Returned. Been able to breathe through both nostrils. Removed with the same forceps a small polyp; afterward was obliged to desist, after two ineffectual trials, on account of violent fits of seeping. Bleeding piles. To dress nares as before. Gave *Ac. sulphuricum*.

March 24.—Removed a polypus from the left nares with the forceps. Slight bleeding checked by application of cold water. Prescribed *Ac sulphuricum*.

March 29.—Removed one polypus from right nares. Continued medicine and dressing. I have seen the patient twice since last time, yesterday, (April 31). No signs of anything abnormal on either side.

89 Great Russell street, Bloomsbury square, W. E.

Materia Medica Department.

PHOSPHIDE OF ZINC.

BY JAMES A. YOUNG, HOPKINSVILLE, KY.

The object of this paper is, in the absence of a systematic proving, to give some vague indications drawn from clinical observations, and thus aid in the development of the powers of a remedy destined to play no subordinate part in the treatment of nervous diseases, and that promises to fill a long-felt vacuum in our materia medica. Without attempting to theorize in regard to the method of the action, there is ample testimony to justify the assertion that it is a speedy and powerful nerve tonic, or stimulant. Numerous clinical reports testifying to its beneficial action in cases arising from lesions of nerve structures. Dr. Hammond, in his work on Nervous Diseases, claims to have first introduced this remedy to the notice of the American profession, and under the influence of the popular chemical school recommends, in cases where *Phos.* is indicated, and attributes its effects to that element of its composition alone. The testimony of English physicians is, that as a substitute for *Phos.* its action is not satisfactory. The deductions formed from clinical observations is, that while its action resembles that of each of its chemical constituents, yet its chosen analogue is *Nux vom.*, and that it will be specially beneficial in those cases where both *Phos.* and *Nux.*, apparently indicated, have been used without satisfactory results. Dr. Hammond recommends it in strong terms, in doses of 1-10 grains (often in combination with *Nux* or *Strychnia*) in cases of cerebral congestion (passive), spinal anæmia, etc.. and says: "My experience with this remedy has been extensive. I have never known it to produce the least unpleasant effects." In three cases under my observation the use of the 3d has produced positive and unmistakable excitement of the sexual desire, manifested in two cases by erections of penis accompanied by unusual voluptuousness and desire for embrace; and in the third case by nocturnal emissions accompanied by voluptuous dreams and intense nervous thrill—I would be apprehensive of unpleasant effects from any lower potency—especially so in one of the cases, for the aggravations are manifest even from one dose of the 3d. In addition to this sexual excitement, in one case, a larger dose than usual will cause a pleasant nervous excitement with sleeplessness after 3 A. M.; says that "it wakes me at 3, and I feel as if under the influence of pleasant and quick music." This wakefulness differs from that of *Nux* and other remedies, in that the patient does not feel fatigued or unrefreshed by his loss of sleep. It also produced bursting headache.

I give a short resume of the symptoms from two cases that have been greatly benefitted by the use of this remedy, remarking that special interest attaches to them from the fact that both had tried many remedies in vain to find prompt and permanent relief from the *Phosphide of Zinc*.

Case I. J. B. McK., merchant, about forty years of age, nervous-bilious temperament. I copy from a note of his to me: "For five or six years I have suffered from extreme nervousness, affecting my head mostly, and upper part of spinal column; pain sometimes in my neck and up into the back part of head; then again pain in my temples as if something was pressing in from one side to the other on the brain; vertigo or dizziness always present; weak digestion, torpid liver; hands and feet always cold; one of the most distressing symptoms is that of fear." His mental condition was very annoying, being oppressed with an indescribable anxiety, or indefinable fear—a fear of something, he knew not what; was easily startled. A prominent feature of both case No. 1 and No. 2 was that a recumbent position always relieved the vertigo and improved the other symptoms. The above is but the outline of a series of unpleasant symptoms that medicine has failed to relieve. In February, 1875, I put him upon *Zinci phosphide* 3. Under date of April 12 he says: "So much better have discontinued the medicine."

Case II. A physician, aged about sixty; in early life a sufferer from dyspepsia; was engaged in large and arduous practice when taken. In the fall of 1863, when walking on the street he was suddenly attacked with vertigo, and from that a train of nervous symptoms manifested themselves until the patient was compelled to give up, in a great measure, his practice. The more prominent symptoms were headache with binding feeling across brows, twitching of single nerves, a feeling of dizziness or unsteadiness not amounting to actual vertigo, but more a dread of falling, such as is produced by looking down from a great height; weight and oppression in head; difficulty of thought; nervousness affecting particularly his handwriting; could with great difficulty write a very scrawling hand; an intensely bitter taste in mouth and throat at night; would often wash out the mouth during the night without relieving this "such bitter" taste; pain in sacral region; weakness of limbs with great heaviness; cold hands and feet, with other nervous symptoms. After many consultations with his medical colleagues, in 1872 he commenced the use of *Phosphide of zinc*, with prompt relief.

SOME CHARACTERISTICS OF ARNICA.

We offer the following characteristics and clinical experience, hoping that the younger members of our profession may be led to investigate the pathogenetic effects of an old and much-neglected remedy. False theories lead to false practices; the external use of *Arnica* has so

obscured the professional eye that it looks in that direction for all of its benefits.

Every one knows how, and when, to use *Arnica*. O yes, a little *Arnica* in water for cuts, burns, bruises, and strains, and this is the extent of its application with many, who never think of the deeper and more lasting effects of its internal administration. When indicated by the totality of the symptoms, *Arnica* should be prescribed internally and will in all cases relieve more speedily than by outward application.

CASE I. Mrs. D. was thrown from a buggy; two of her ribs broken, and otherwise bruised and internally injured. *Arnica* was applied in the ordinary way, externally.

One year after the accident she gave me the following symptoms: A bruised felling in the whole body, especially in the region of the dorsal and cervical vertebræ, and great weakness of the muscles of the neck; pain, as of a bruise, and compression of the chest; painful pricking in the region of the heart; blue spots appeared upon the thighs which felt as if bruised when touched, these were more numerous after mental emotion or exertion.

The above symptoms being well-marked characteristics of *Arnica*, I prescribed one dose 200th and it worked a perfect cure.

CASE II. Mr. —, received a blow from a club in the hands of a boy, on the left knee which confined him to his room for many months, although *Arnica* had been applied, and fifteen years have elapsed, he still complained up to last January, of a feeling as if the knee were dislocated, and of a paralytic weakness of the whole limb. A few doses of *Arnica* 200, has given him relief up to this time.

CASE III. Mr. D., farmer, received a kick from a horse, taking effect in the pubic region, which caused traumatic inflammation of the bladder, since which, he has been troubled with emissions of blood.

Eight years was the length of time since he received the injury, yet one dose of *Arnica* 200, relieved him for six months, when he had a return of the disease, not so bad, however. Another dose relieved up to date.

We could give many more cases successfully treated with this remedy, but we think the above sufficient to illustrate the internal use of this valuable drug.

I. DEVER.

DEXTER, Mich.

EFFECTS OF *SCHINUS MILLOS*.

I shall send you an ounce or two of *Tinct. Schinus*. The farmers use the berries (a few) among pickles. Persons who eat them are attacked with vomiting and violent diarrhœa.

Miss S., of Benicia Seminary, had one afternoon after dinner eaten three or four of the berries. She was shortly after attacked with pain

in the bowels and long-continued vomiting. She expressed herself to me: "It was as all my bowels should be emptied out." When the violent gastric irritation abated a little, a profuse diarrhoea continued all night. The vomiting was extremely painful, but the diarrhoea was painless. It makes me believe that the *Schinus* must be a fine remedy in cholera. I have eaten some part of the leaves and berry, which caused heartburn, dryness of the œsophagus and breath, rolling and flatulence of the bowels, and a griping sensation in the liver; also a kind of drawing sensation as in the spinal cord and cerebellum. I don't like to get real sick, so I have only taken it with great moderation. Miss Snell's proving was a good one. She is a perfectly healthy girl, was never sick, very stout, fleshy, and rosy cheeks, fair hair and eyes, and of a bilious temperament.

P. W. POULSON.

SAN FRANCISCO, Cal.

A NEW REMEDY FOR HYDROPHOBIA.

I have just noticed a short account of a new remedy, the *Yerba-del-perro*, which, from its few symptoms recorded, strike me as a remedy for hydrophobia. Symptoms from twelve grains: At the end of an hour, a great deal of barking, foaming at the mouth, and the falling down in convulsions. The above symptoms lasted half an hour, when the dog died. The symptoms are analogues to *Strychnia*, the convulsions different. The pupils were enormously dilated, and the brain congested.

Yerba-del-perro (dog grass). Why called dog grass? As many of our most valuable drugs or remedies come into use through mistake or accident, may it not be the case that this drug receives its common or vulgar name from the instinct of the animal from which it perhaps gets its name resorting to it as a remedy in some of his ailments?

I think this will be worth investigating. Can you get the drug? If so, send me some, and we will prove it.

GEO. B. SARCHETT.

CHARLESTON, Ill., April 30, 1875.

GELSEMIUM VS. SANGUINARIA HEADACHE.

Sick headache, principally in right temple, beginning in the morning and increasing during the day; worse from motion and light; better from lying down, and relieved by sleep or vomiting, has been relieved oftener by *Gelsemium* than by *Sanguinaria*, according to my observation. I generally use the tincture.

J. A. YOUNG.

HOPKINSVILLE, Ky.

Children's Diseases.

MORE REMEDIES FOR THAT "FOOTACHE."

Have you tried hot water to the foot, and a bag of hot salt to the small of the back for several nights on retiring? *Colch.* or *Hyper.* low, would perhaps benefit. Have had cases of the kind, and found the hot water of great service. Medicating the water with *Hyper.* or other proper medicine is of course valuable. J. MARTINE KERSHAW.

ST. LOUIS, Mo.

Allow me to suggest for your consideration, *Ferrum*, as a remedy for the little patient troubled with "growing pains" or "footache." Try the 200th potency.

W. BANCROFT.

KEOKUK, Iowa.

In looking over THE UNITED STATES MEDICAL INVESTIGATOR, to-night, I found your case, reported in No. 140, April 15th. I would suggest *Ruta*, as it relieved a case affected with similar pain in instep. I do not remember the potency used, but would suggest 3d to 6th. Try it, and if it relieves let us know through THE INVESTIGATOR.

First potency was used, and has cured other cases since I looked up record.

J. A. YOUNG.

HOPKINSVILLE, Ky.

MY DEAR DOCTOR: I will in a queer way give you an answer to your question on page 364, of the UNITED STATES MEDICAL INVESTIGATOR, April 15, 1875.

Try the following, and let me hear from you (if at all) through this journal:

Potassii iodidi, drachms iii.

Tr. Cinch. comp., ounce i,

Syr. Sarsap. comp. ouncei . M. S. A.

S. Teaspoonful three times a day after meals.

Ever yours sincerely but now

NEW YORK, May 10.

INCOG.

[Next.—ED.]

BUREAU OF DISEASES OF CHILDREN.

The subject for report is, Scarlet Fever and Its Treatment.

Dr. Sonnenschmidt — History and statistics.

Dr. Kenyon — Nature and diagnosis, with use of thermometer.

Dr. Mandeville — Pathological lesions.

Dr. Morse — Etiology and prophylaxis.

Dr. Scott — Diet and auxiliary treatment.

Dr. Duncan takes remedial treatment with indications, and clinical success.

Drs. Smith, Pulte, and McManus, will not be able to do anything, so they all write. I trust that we shall make a good show this year.

SALEM, Mass., April 26.

NATHAN R. MORSE.

[Will our readers, who are members of the Institute (and those who are not,) please give us their experience with scarlet fever? This year in Chicago it is very mild, while measles, which seems to be *the* epidemic, is very severe.— ED.]

A LARGE BABY.

MR. INVESTIGATOR: We have in our village a *little* girl baby, twenty-six months old, that weighs fifty-three pounds. When thirteen months old it weighed eighty pounds!

It was very intelligent and active, but was not able to walk; now it walks well, talks well, and has a fair share of teeth. At her birth she was of ordinary size, and her two older sisters are not large.

The father is not a large man but somewhat thick set; the mother is rather stout, will weigh probably two hundred pounds.

LEXINGTON, Mich.

A. F. RANDALL.

Medico-Legal Department.

THE MICHIGAN BILL.

“ For the Establishment of a Homœopathic Medical Department of the University of Michigan :

SECTION I. The people of the State of Michigan, enact : The Board of Regents of the University of Michigan are hereby authorized to establish a Homœopathic Medical College as a branch or department of said University, which shall be located at the city of Ann Arbor.

SEC. II. The Treasurer of the State of Michigan shall, on the first day of January, 1876, pay out of the general fund, to the order of the treasurer of the Board of Regents, the sum of six thousand dollars, and the same amount on the first day of January of each year there-

after, which moneys shall be used by said Regents exclusively for the benefit of said department."

This makes our Homœopathic College an intregal part of the University proper, the same as the old school does.

The Medical Censors Bill is killed.

I. N. ELDRIDGE.

MEDICAL ROPES.

By a method I would not attempt to explain, I have discovered that medical colleges, and I might include universities and colleges of all grades, are really manufactures of *Ropes*.

Since this advance in knowledge, I have never met a graduate who has not a rope around his neck and the end of it held by his Alma Mater. As long as the graduate is faithful to the teachings he had received, he would not feel the rope, nor know of its presence; but if he allows a doubt of any thing he had been taught, he then feels it slightly about his neck, as a caution; but if he admits a full formed thought that is fundamental, which conflicts with what he had been taught as infallible, the rope, the end of which is held by the college, is tightened about his neck, and his sufferings begin. The rope pressure around his neck reminds him that it is a serious thing to question anything that came to him from the learned faculty of the college. Did they not tell him, and prove it too, that what they taught came from the fathers; and that because of its antiquity it should receive fixed confidence; and that it is safer to respect tradition, than trust any modern pretended discoveries. He finds himself in a soliloquy by the tightening rope around his neck, and continues: Would I dare question the theology of tradition? Could I look my venerable father and mother in the face, and tell them that anything in their theology, to my mind, is false? Could I meet my medical colleagues and reveal to them that I questioned anything that college teaching and custom had created? Look at Paracelsus, who devised "*Contraria contrariis curantur*," a therapeutic law, and "*similia similibus curantur*" was the law; and to this day, he is denounced a quack. Hahnemann adopted the doctrine of Paracelsus in this respect, went further, and plausibly showed that the *contrary* was no law at all. And further, he attacked the old doctrine of pathology and taught, that diagnosis by it was so uncertain that it is useless for practical purposes. And then his innovation in the dose of drugs, and his transcendental doctrine of drug potency. He was denounced by the entire profession, with some few exceptions, as great fools as himself. Heavens! I shall be strangled if the rope is tightened much more! I wonder if they would strangle me? As usual, after a while, many pretended to become disciples of Hahnemann, and took the name of Homœopaths, but most of these had a college rope around their necks, and finding the strangling effect, of their Alma Mater holding the end of the rope, they now reject Hahne-

mann's teaching against old pathology, and also his doctrine of drug potency.

Attempts have been made in some of their conventions to rid themselves individually of the name of Homœopaths. There are now few faithful disciples of Hahnemann. The medical profession proper, have no alliance with those to whom his name clings, although their doctrines are identical, and their practice so much an imitation is virtually the same in modified forms. What shall I do? To rid myself of this rope about my neck, I must disregard the oath I took when I graduated, viz: That I would faithfully adhere, in thought, and act, to the doctrines taught; and that if I changed in that respect, that I would return to the college the diploma given me. I now see that I cannot rid myself of this tormenting rope in any other mode. *I will not do it.*

NEW YORK, April 24.

KIRBY.

Society Proceedings.

THE HOMŒOPATHIC STATE MEDICAL SOCIETY OF KENTUCKY

Met on the 4th of May, in Louisville. After a very interesting meeting, they adjourned to meet in Louisville, on the first Tuesday in May, 1876. The following are the officers for the ensuing year: W. H. Hunt, Covington, President. R. W. Pearce, Louisville, Vice-President. J. W. Kliney, Louisville, Sec'y. WM. L. BREYFOGLE.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY NATHAN R. MORSE, M. D.

The Thirty-fifth Annual Meeting of the Massachusetts Homœopathic Medical Society, was held to-day, April 14th, at the Boston University School of Medicine, East Concord street.

Dr. C. G. Brooks, the first vice-president occupied the chair, in the absence of Dr L. Macfarland, the president, who was not able to be present on account of ill health. The records of the last meeting, and the report of the executive committee were read by the secretary, E. U. Jones, M. D., of Taunton.

The president's annual address was read by the secretary, which contained many valuable observations and suggestions. On motion it was referred to a committee, to consider its recommendations,

The following gentleman having been favorably recommended by the board of censors, were duly elected members of the society: G. F. Forbes, M. D., West Brookfield; L. T. Hayward, M. D., West Lituatie; William Woods, M. D. Boston; A. H. Carvill, M. D., Somerville; J. T. Sherman, M. D., Boston.

The report of the treasurer, T. S. Scules, showed a balance from last year of \$530 36, and the amount paid in during the year of \$740 00, making a total of \$1,270 36. The expenditures during the year have been upwards of \$1,300, and there is a balance due the treasury of \$74.

The report of the committee on publication was presented and accepted, then followed the

REPORT OF THE COMMITTEE ON MATERIA MEDICA,

by Dr. J. Heber Smith, and Dr. E. P. Colby.

Dr. Smith read a valuable proving of the *Tarantula*, made by Dr. Thurman, of Hanover square, who was nearly poisoned to death by one. The specimen was exhibited to the society.

Dr. W. F. Shepard read an interesting and suggestive paper on the climate of Nevada, in which state he was formerly a resident and first president of the Nevada State Homœopathic Medical Society. He began with an account of the early history and progress of Homœopathy in that state, and traced its advancement, and also the success which attended its practice. In spring and fall, scarlet fever, erysipelas, and pneumonia, were the prevailing diseases. In regard to consumption, he said that those afflicted with that disease could be greatly benefitted by the climate in the first stages, but in the advanced stage, or when hæmorrhage took place, the rarified atmosphere was too bracing, and the disease was thereby rapidly hastened. Catarrhs were very common; most all were afflicted. The doctor gave a brief geographical description to the state, and described a disease peculiar to that climate and popularly known as "mountain fever," which is analogous to our typhoid fever, the treatment of which he vividly portrayed.

After the reading of Dr. Shepard's paper, which was one of the most interesting presented, the society adjourned till 2 P. M. in order to receive the delegates and to partake of dinner.

AFTERNOON SESSION.—CLINICAL MEDICINE.

Dr. Burpee, second vice-president, occupied the chair.

Dr. O. S. Sanders, chairman of the committee on clinical medicine, read a valuable paper on Dynamization. The doctor claimed that the dynamized state of the patient should correspond with the potentized power of the drug, i. e., that if the dynamized state of the patient was 6, 30, 200, etc., the potency, or potentized power of the drug, should be 6, 30, 200, etc., if the most satisfactory results are to be desired and secured. The paper was listened to with marked attention, but many doubted some of the propositions laid down and the conclusions reached. A lively discussion followed, participated in by Dr. DeGersdoff and others, after which the paper was, referred to the committee on publication.

Dr. J. H. Woodbury then followed with a highly instructive paper on Retroflexion and Retroversion of the Uterus, illustrated by diagrams, showing the possible deviation and malposition of that organ, giving the symptoms—direct and reflex—together with the most approved methods of manipulation adopted for the relief and radical cure of the various malpositions, as well as the therapeutic indications for the use of remedies. A somewhat spicy debate followed, participated in by Drs. M. B. Jackson, H. L. Chase, N. R. Morse, J. H. Woodbury, and several others. The disputed point seemed to be, the relative value of the mechanical and medicinal treatment of those malpositions and their attendant catalogue of symptoms and nameless ills.

After the transaction of some routine business the society adjourned until 10 A. M. the following day.

SECOND DAY'S SESSION.—MORE CLINICAL MEDICINE.

The attendance was larger than previous day, not less than one hundred members were present together with a large number of the Boston University School of Medicine.

At the morning session Dr. Brooks occupied the chair. The report of the committee on clinical medicine was presented by Dr. O. S. Sanders and Dr. A. M. Cushing. Some twenty-five new and interesting cases in clinical medicine were reported, and discussed by the society.

Dr. Cushing reported a case of indigestion with burning pain in the stomach and up the œsophagus, palpitation of the heart when the pain is severe. Cured by *Hepar sulph.* 3, three times a day.

Dr. Holt reported a case of colic and constipation cured by *Lyc.* 200, mornings, and *Coloc.* 200, evenings.

Dr. Whitney, of Danvers, reported a case of bone tumor of the superior maxillary bone, cured by *Hecla lava*.

Dr. Barrows, of Taunton, reported *Baptisia* as a prophylactic in small-pox and malignant scarlatina.

Dr. T. S. Scales endorsed the report by Dr. Barrows, and also added, that in low forms of typhoid fever *Baptisia* acts more promptly than *Rhus*. *Baptisia* cures and prevents sore throat, and also cures diphtheria. Dr. Scales says, *Bapt.* is one of the best remedies in fetor oris.

Dr. Cushing also reported the case of a child with ophthalmia and photophobia, pronounced incurable, cured by *Sulph.* 200 and 55,000. Also two cases of anæmia cured by *Ars.* 5,000 and 40,000.

THE REPORT OF THE COMMITTEE ON SURGERY

was presented by Dr. I. T. Talbot, among which were papers by Dr. Swazey, of Springfield; Dr. Clapp, of Boston; Dr. R. L. Dodge, of Portland, Me., on "Lacerated Wounds," in which he recommended *Calendula* applied topically, and *Arnica* 3 and *Bell.* 3 internally; Dr. Warren, of Palmer, on "Surgery as Applied to Homœopathy," and Dr. Edwy Wells Foster, of Boston, on "Dental Abscesses, and Diseases of the Eyes produced by Affections of the Teeth."

VALUE OF ELECTRICITY.

Dr. S. M. Cate, of Salem, read a paper on "Electricity," in which he proposed to give some of the therapeutic effects of this powerful agent

in the treatment of various diseases. He first spoke of the two forms or modes of applying electricity, namely, by the direct and inductive currents. The *inductive* current is of *small* volume and great intensity, and the *direct* of *large* volume and less intensity. This is an important fact and of much value to the physician who would employ this agent in the treatment of disease. Physicians desire a constant battery, and Hall's was spoken of as answering their purpose quite as well as any other in the field.

Electricity was a valuable adjuvant in hepatic neuralgia, but of no value in the sympathetic variety. Place the positive pole down and the negative up, or the negative pole to the twig of the nerve and the positive to the trunk. There are many cases where the use of electricity would be injurious. Paralysis due to cerebral apoplexy cannot be cured by either current of electricity. It is a valuable agent in the removal of scrofulous and fibrous tumors about the neck, producing rapid absorption in a short time, the current to be passed through the tumor by the aid of needles which are passed through the tumor. In spinal anæmia with tenderness of the spine, which is pathognomonic of this disease, attended by various derangements of the stomach, dyspeptic conditions, neuralgic and rheumatic difficulties, the direct current should be applied—the negative pole above and the positive pole down. If the current is not applied properly more harm than good may result from its use. It should not be applied longer than two or three minutes, with an intermission of three or four minutes, and then again applied as before—not more than six or eight minutes consumed in its application. The negative electrode may be passed over points of tenderness. In spinal paralysis, following spinal anæmia, cases which frequently occur as a sequelæ of diphtheria, it is a most valuable agent. Medicines employed in spinal anæmia are *Nux v.*, *Strychnine*, *Iron*, *Phos.*, *Phos. acid.*, and *China*.

In spinal congestion with severe pain in back, but no tenderness upon pressure, induced by various causes, electricity is of great service—use the *direct* current, the positive pole applied to the trunk of the nerve and the negative to its branches.

It is also valuable in anterior and posterior spinal sclerosis, locomotor ataxia, also, in cerebral congestion, and in epilepsy; but not useful in acute congestion of the brain and spinal cord. Internal remedies in spinal congestion are *Rhus*, *Secale*, *Arg. nit.*, and Labarraque's solution of the *Chloride of soda*, two to three drops morning and night.

A brief discussion followed, Dr. Chamberlain, of Worcester, and others, participating, after which the society adjourned.

AFTERNOON SESSION—LIBRARIAN'S REPORT.

Dr. J. A. Burpee presided. Dr. D. G. Woodvine presented the annual report on the condition of the library. He stated that it had been newly catalogued on the most approved plan, the same as adopted by the Public Library of Boston and other large and important libraries; that it needs large additions and donations to make it as

complete as desired. He also enumerated the volumes, or numbers wanted to complete full sets of all the American medical journals.

Dr. Talbot remarked that there was thrown away many little tracts, etc., which were of small value to individual members but may be of great value to the library of the university. Members were invited to contribute such to the library.

The committee to whom the president's address was referred, presented their report, and its recommendations were adopted *seratim*. The recommendations were: That members might become candidates for the presidency oftener than once in five years, the rule that had hitherto been observed; that the committee on pharmacy be re-established, and efforts be made to improve the quality of drugs, and, that the society be opposed to any plan interfering with the freedom of medical opinion or action.

Resolutions of respect to the memory of Dr. J. C. Neilson, of Charlestown, and Dr. E. W. Lonford, of Brookline, lately deceased, were passed. Also resolutions of sympathy and thanks to Dr. L. Macfarland who was unavoidably absent on account of failing health.

THE ANNUAL ADDRESS

was now delivered by Dr. George Barrows, of Taunton, on "The History and Progress of Medicine," particularly Homœopathy, in this country and France during the past twenty-five years. His review of the action of the Massachusetts Medical Society and the Anatomical Society of Paris, showing their illiberality in attempting to stifle investigation by branding their fellows with expulsion and disgrace, was pointedly set forth. The thanks of the society were extended to Dr. Barrows for his valuable address.

MORE REPORTS.

Dr. Gottschalk, of Providence, R. I., delegate of the Rhode Island Homœopathic Medical Society, extended the greetings of that society and reported the marked progress made in that state during the past year. Symptomatic of still further progress in the future, is, that the surgeon general of Rhode Island, just appointed, is a Homœopath.

Dr. Sanders, from the committee on clinical medicine, made a report which was a continuation of the morning's report, and embraced several cases which occurred in his own practice.

A report from the surgical department of the Boston University School of Medicine, giving a brief account of an important surgical operation performed during the year, was presented by Dr. H. M. Jernegan, who also gave a synopsis of a paper which he had prepared upon "Stricture of the Urethra."

Dr. Sanders remarked that he was accustomed to use the largest size of gum catheter possible with the stiletto removed, and that he had never found any trouble in passing them, although his practice had been extensive.

Dr. L. D. Packard read the report of the special committee on registration and alluded to the many difficulties which the committee had encountered.

Reports were read from the Essex County Homœopathic Medical Society, the Worcester County Homœopathic Medical Society, and the Boston Homœopathic Medical Society, which showed them all to be in a prosperous condition.

The following officers were elected for the ensuing year :

President.—Dr. C. H. Farnsworth, of East Cambridge.

First Vice-President.—Dr. J. T. Harris, of Boston.

Second Vice-President.—Dr. J. H. Smith, of Melrose.

Corresponding Secretary.—Dr. F. H. Underwood, of Boston.

Recording Secretary.—Dr. E. U. Jones, of Taunton.

Treasurer.—Dr. T. S. Scales, of Woburn.

Librarian.—Dr. O. S. Sanders, of Boston.

Censors.—Dr. H. P. Hemenway, of East Somerville; Dr. E. B. Holt, of Chelsea; Dr. Lewis Whiting, of Danvers; Dr. E. P. Colby, of Wakefield, and Dr. A. M. Cushing, of Lynn.

The society then stood adjourned.

Medical News.

A New Potentizing Machine has been devised by Dr. Swan, of New York,

Northern New York Homœopathic Medical Society convenes at Saratoga on the third Wednesday in July.

The British Homœopathic Congress holds its next session at Manchester, on the twenty-third of September.

Dr. B. Cyriax, of Cleveland, O., we are sorry to learn has been sick since January, and unable to attend to business.

Dr. R. Ludlam's residence was thronged with his friends on the eve of May 1st, who met to bid him good-bye. He took the train for the Atlantic coast on the morning of the 3d, and expects to take the boat for Europe on the 13th.

Died.—Dr. R. B. Briggs, of Chicago, dropped dead on the morning of the 3d inst. He had cardiac rheumatism about a week before, but resumed his duties on the 1st inst.

Ewelt Ford, M. D., at his home in Jeffersonville, Ind., on the 9th of May. Dr. Ford was a graduate of Pulte Medical College, of the class of 1874. He had received a liberal education, was a diligent reader, and an earnest thinker. Few young men in the profession would have achieved more success if life and health had been continued to him.

Married.—At Lexington, Mich., February 28, 1875, by the Rev. H. McGill, Albert F. Randall, M. D., of Bolton, R. I., to Miss Jennie Card, of Lexington.

Success to Dr. R. and his new Card.

"The Foundlings' Record," a monthly paper published at the Chicago Foundlings' Home, at 50 cents a year. The March number gives an interesting report of the institution for the year. Those interested in a work of faith should certainly get the *Record*.

Western Academy of Homœopathy.—The First Annual Meeting of the Western Academy of Homœopathy will be held on the first Tuesday in October next (October 5, 1875), at Davenport, Iowa. Applications for membership, or any other matter pertaining to the Academy, will receive the attention of the undersigned.

ST. LOUIS.

J. MARTINE KERSHAW, Sec'y. *pro tem*.

Caution to Intending Subscribers to Ziemassen's Cyclopædia of the Practice of Medicine.—As this great work progresses, it is possible, from some subscribers breaking up their sets, or from other causes, that occasional odd volumes may be offered for sale. Those who desire the complete work are warned against purchasing these, as the publishers do not engage to supply parts of sets. Every subscription must be for the entire work. No volumes will be sold separately.

WM. WOOD & Co., Publishers, 27 Great Jones St., N. Y.

Removals.—Dr. Keeler, from Hinsdale, Ill., to Youngstown, O.

Dr. Chas. Nauman, from Blairstown, Iowa, to Hinsdale, Ill.

Dr. G. L. Stone, from Detroit to Ann Arbor, Mich, and is Dr. Woodruff's successor.

Dr. V. Fell, from Clear Water to Minneapolis, Minn.

Dr. H. B. Fellows, to 1359 Indiana avenue, Chicago.

Dr. C. S. Eldridge, from 972 Wabash avenue, to 765 Michigan avenue, Chicago.

Dr. T. C. Duncan, from 287 West Randolph street, to 670 West Monroe street, Chicago.

Dr. Frank Duncan has located 287 West Randolph street, Chicago.

Homœopathy in Illinois.—In conversation with a gentleman the other day in regard to the relative merits, and standing of Homœopathy in Illinois, I took occasion to inform him what it may be of interest to the profession at large to know, that the Governor of the State, his Private Secretary, the State Treasurer, the ex-State Treasurer, Bates, the Attorney General, the Adjutant General, the State Senator, and the member of Congress from this district, are all Homœopaths and patrons of the writer. I challenge any State to make a better showing.

JOHN A. VINCENT.

SPRINGFIELD, Ill.

Homœopathic Tourists.—A company of Homœopathic physicians are building a large schooner yacht, with steam propeller attachment, in the yard of W. W. Bates, ship builder, of this city, in which to make a tour of every navigable coast and every important river in the world. It will consume fully three years. The first year they take eighteen passengers with them, charging an assessment of about \$1,500 each; but the other years very few outside the company will be taken. The number of passengers is already very nearly, if not quite, full, and the Secretary will soon locate his office in Chicago to superintend the construction of the craft, etc. The start will be from Chicago, and the first year embraces 35,000 miles—great lakes and rivers, Atlantic coast, around the British Islands, Baltic to St. Petersburg, every European river navigable, every nation and prominent city on the continent, Palestine, Egypt, and North Africa. The most prominent feature of this singular tour is the fact that only six land journeys are necessary, averaging twenty-five miles, to visit every point of interest in the entire tour, owing to the navigable nature of the European watercourses. The entire expense of the tour need not be over \$1,800. It is stated that the yacht will be elegantly upholstered, and every conceivable addition made for comfort, amusement, and profit, including a library

of 1,000 volumes, piano, instruments (nautical, chemical, optical, musical, etc.), many state-rooms, and excellent *cuisine*. The start will be May 20, 1876, and a great feature will be a ten-days' visit at the Centennial. Several ladies are going, and doctors' families. E. W. FISH.

The Sixth Annual Session of Society of Homeopathic Physicians of Iowa, will be held at Marshalltown, Iowa, May 23 and 27, 1875.
MARSHALLTOWN, Iowa, May 1, 1875.

DEAR DOCTOR: Your special attention is called to this meeting. In the history of this society there has been no time when your interests and the welfare of Homœopathy demanded the attendance of every Homœopathic physician, as the present. The times demand a more thorough organization. Subjects of very great importance to every Homœopathist in the State will be brought forward at this session, and the stability of our State Medical Society imperatively demands your attendance. Marshalltown is centrally located and easy of access from any direction. The C. R. R. of Iowa will carry delegates over their road at 11-5 fare, upon certificate of Secretary. Hotel accommodations are ample; board, per day, \$2.50.

Officers — President, O. T. Palmer, M. D., Oskaloosa; First Vice-President, J. E. King, M. D., Eldora; Second Vice-President Mrs. Clara Yeomans, M. D., Clinton; Secretary and Treasurer, G. H. Patchen, M. D., Burlington.

Bureau of *Materia Medica* — Cartwright, M. D., Decorah; Van Voorhes, M. D., Bedford; G. W. Seidlitz, M. D., Keokuk.

Bureau of Clinical Medicine — Worley, M. D., Davenport; Wagner, M. D., DeWitt; Button, M. D., Iowa City; Cogswell, M. D., Clinton; Du Puy, M. D., Iowa Falls; Ehinger, M. D., Keokuk; Hindman, M. D., Marion.

Bureau of Obstetrics and Diseases of Women and Children — L. E. B. Holt, M. D., Marshalltown; Mrs. Harriss, M. D., Grinnell; J. E. King, M. D., Eldora; Mrs. Porter, M. D., Davenport; Lillies, M. D., Marion.

Bureau of Surgery — Dickinson, M. D., Des Moines; Shaver, M. D., Burlington; Huntington, M. D., Boone; Pitcher, M. D., Mt. Pleasant.

Bureau of Medical Education — Baker, M. D., Davenport; Cunningham, M. D., Council Bluffs; Davis, M. D., Lansing; Hills, M. D., Winterset; Jackson, M. D., Epworth.

Bureau of Anatomy, Physiology and Hygiene — Virgin, M. D., Burlington; Hunter, M. D., Des Moines; Poulson, M. D., Council Bluffs.

Bureau of Medical Electricity — E. H. King, M. D., Clinton; P. J. Connelly, M. D., Des Moines.

Board of Censors — Seidlitz, M. D., Keokuk; Whitacre, M. D., Liscomb; Wilson, M. D., Osceola; Whitlock, M. D., Farmington; L. E. Potter, M. D., Gilman.

Orator — Geo. H. Blair, M. D., Fairfield.

Alternate — R. H. Hill, M. D., Dubuque.

L. E. B. HOLT, M. D.,

J. E. KING, M. D.,

E. D. WHITACRE, M. D.,

Executive Committee.

Besides the appointed bureau work, several other papers are promised. Considerable interest is manifested, and the indications are that we will have a good meeting.

G. H. PATCHEN, Sec'y.

The American Institute Programme has not yet arrived, but we are assured that the following Bureaus and Committees are at work to make this coming session (at Put-in Bay, June 15, 16, 17, and 18) a most profitable one:

Anatomy, Physiology, and Hygiene — W. von Gottschalk, M. D., Providence, R. I.; J. D. Buck, M. D., Cincinnati, O.; A. R. Thomas,

M. D., Philadelphia, Pa.; A. R. Wright, M. D., Buffalo, N. Y.; Thos Shearer, M. D., Baltimore, Md.; F. F. De Derkey, M. D., Mobile, Ala.; J. Y. Kinsee, M. D., Patterson, N. J.

Materia Medica — Carroll Dunham, M. D., Irvington, N. Y.; Conrad Wesselhoft, M. D., Boston, Mass.; T. F. Allen, M. D., New York; E. M. Hale, M. D., Chicago, Ill.; W. E. Payne, M. D., Bath, Me.; W. McGeorge, M. D., Woodbury, N. J.; J. P. Dake, M. D., Nashville, Tenn.; J. H. Smith, M. D., Melrose, Mass.; H. H. Baxter, M. D., Cleveland, O.

Clinical Medicine — H. N. Martin, M. D., Philadelphia, Pa.; S. Lillenthal, M. D., New York; J. Pettet, M. D., Cleveland, O.; L. E. Ober, M. D., La Crosse, Wis.; W. H. Holcombe, M. D., New Orleans, La.; E. C. Beckwith, M. D., Zanesville, O.; W. H. Watson, M. D., Utica, N. Y.; Wm. Eggart, M. D., Indianapolis, Ind.; T. F. Cooper, M. D., Alleghany, Pa.

Climatology — Bushrod W. James, M. D., Philadelphia, Pa.; A. R. Wright, M. D., Buffalo, N. Y.; Thos. Nichol, M. D., Montreal, Canada; L. D. Morse, M. D., Memphis, Tenn.; W. H. Leonard, M. D., Minneapolis, Minn.; D. H. Beckwith, M. D., Cleveland, O.; F. A. Ormes, M. D., Atlanta, Ga.; T. W. Donovan, M. D., St. Augustine, Fla.

Obstetrics — J. H. Woodbury, M. D., Boston, Mass.; O. B. Gause, M. D., Philadelphia, Pa.; J. T. Alley, M. D., St. Paul, Minn.; S. P. Burdick, M. D., New York; Mercy B. Jackson, M. D., Boston, Mass.; J. C. Sanders, M. D., Cleveland, O.

Gynæcology — S. R. Beckwith, M. D., Cincinnati, O.; J. C. Bergher, M. D., Pittsburgh, Pa.; I. S. Swan, M. D., Providence, R. I.; W. H. Hunt, M. D., Covington, Ky.; R. Ludlam, M. D., Chicago, Ill.; S. S. Lungren, M. D., Toledo, O.; W. A. Edmonds, M. D., Memphis, Tenn.; H. F. Hunt, M. D., Camden, N. J.; C. Ormes, M. D., Jamestown, N. Y.

Pædology — D. S. Smith, M. D., Chicago, Ill.; N. R. Morse, M. D., Salem, Mass.; Emma Scott, M. D., New York; F. R. McManus, M. D., Baltimore; C. S. Sonnenschmidt, M. D., Washington; J. H. Pulte, M. D., Cincinnati; L. M. Kenyon, M. D., Buffalo; T. C. Duncan, M. D., Chicago.

Surgery — L. H. Willard, M. D., Alleghany, Pa.; Wm. T. Helmuth, M. D., New York; M. McFarlan, M. D., Philadelphia, Pa.; E. C. Franklin, M. D., St. Louis, Mo.; H. M. Jernegan, M. D., Boston, Mass.; H. F. Biggar, M. D., Cleveland, O.; J. H. McClelland, M. D., Pittsburgh, Pa.; George A. Hall, M. D., Chicago, Ill.; J. R. Flowers, M. D., Columbus, O.

Ophthalmology — H. C. Houghton, M. D., New York; T. P. Wilson, M. D., Cincinnati, O.; C. J. Liebold, M. D., New York; W. H. Wood-yatt, M. D., Chicago, Ill.; H. C. Angell, M. D., Boston, Mass.; W. L. Breyfogle, M. D., Louisville, Ky.; George S. Norton, M. D., New York.

Microscopy — O. P. Baer, M. D., Richmond, Ind.; T. F. Allen, M. D., New York; J. D. Buck, M. D., Cincinnati, O.; Bushrod W. James, M. D., Philadelphia, Pa.; D. G. Woodvine, M. D., Boston, Mass.

Colleges — A. E. Small, M. D., Chicago, Ill.; J. P. Dake, M. D., Nashville, Tenn.; J. C. Sanders, M. D., Cleveland, O.; David Thayer, M. D., Boston, Mass.; T. P. Wilson, M. D., Cincinnati, O.

Psychological Medicine — Henry R. Stiles, M. D., Middletown, N. Y.; G. W. Swazey, M. D., Springfield, Mass.; G. F. Foote, M. D., Stamford, Ct.; T. L. Brown, M. D., Binghamton, N. Y.; Samuel Worcester, M. D., Burlington, Vt.; J. H. P. Frost, M. D., Danville, Pa.; T. Dwight Stow, M. D., Fall River, Mass.; J. B. Hunt, M. D., Indianapolis, Ind.

Medical Literature — I. T. Talbot, M. D., Boston; S. A. Jones, M. D., New York; S. Lillenthal, M. D., New York; R. Ludlam, M. D., Chicago; W. H. Holcombe, M. D., New Orleans.

Organization, Registration and Statistics — E. U. Jones, M. D., Taunton, Mass.; T. S. Hoyne, M. D., Chicago; M. F. Page, M. D., Appleton, Wis.; H. M. Smith, M. D., New York; P. Dudley, M. D., Philadelphia.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

LINCOLN, Neb., May 13.—The two months past, aside from numerous cases of simple angina, cured with *Belladonna* 3 to 30, pneumonia and rheumatism have kept me quite busy. With the former *Bryonia* 3 and *Phosphorus* 12 were indicated in most every case, and my uniform success, in this disease especially, has converted many to our school here. Articular rheumatism, acute, has prevailed quite largely also since the middle of March to the present time. *Rhus tox.* 12 and *Bryonia* 3 have been the remedies generally. In one severe case of rheumatism of the heart with irregular pulse, *Digitalis* 6 cured.

I owe thanks to the several doctors who responded to my inquiries in the retracted nipple case. My patient is so far in the country I shall not be able to apply any of the suggestions *this year*. I can assure Dr. Boocock that the lady is not hysterical; nevertheless, I am very willing to listen to his explanation of jumping ovaries. He has some reason for his assertions, doubtless; let him speak. I would not be without THE UNITED STATES MEDICAL INVESTIGATOR.

Fraternally yours,

L. J. BUMSTEAD.

MINNEAPOLIS, Minn., May 8.—THE UNITED STATES MEDICAL INVESTIGATOR is a welcome visitor. Always read "Clinical Observations." Thanks to T. H. G., page 377, for finding fault. Integrity is the price of knowledge in these reports. Fortnightly, they should be a map of the prevailing diseases of the whole country. Let method enter into them: 1. The weather — where possible, the atmospheric conditions and amount of Ozone. 2. Prevailing diseases. 3. Characteristic symptoms. 4. Corresponding remedy.

Well, all see the point. The thing is to do it.

Here is a word for April: The month of April, cold and dry. Now, heavy rains; still cold. Present epidemic: Measles — quite severe, especially with adults. A few cases of scarlet fever. Otherwise the month has been healthy.

W. H. LEONARD.

EDGEFIELD, Tenn., May 12.—I am proud of THE UNITED STATES MEDICAL INVESTIGATOR as an exponent of our system. It should be in the hands of every Homeopath in the land; coming, as it does, twice a month, it meets a want long felt, and cannot fail to be duly appreciated. This is our healthy season, and acute diseases are scattering. During the winter we have had hooping cough, measles, catarrhal affections, erysipelas, etc., as the prevailing diseases. Still have come measles, hooping cough, and neuralgias. There have been fewer cases of pneumonia than for many years. Will Dr. Bird give us the temperament, color of hair and eyes, complexion, etc., and the condition of the stomach and bowels, of the "chronic sick headache" patient mentioned on page 341 of THE UNITED STATES MEDICAL INVESTIGATOR? Perhaps *Calcarea carb.* 30, or *Pulsatilla* 30, would relieve. It is too often the case that those sending cases fail to give as full and complete a report of all the particulars as should be done [as in the case above referred to]. In chronic cases in particular is it necessary to individualize closely the peculiarities of the patient in order to select the proper *similimum*.

May your efforts to advance the cause of Homeopathy be crowned with the success worthy of the object.

T. E. ENLOE.

LYNN, Mass, April 29.—Isn't that newly-married couple making it pretty hot around the country? The offspring arrive at my office so often that I came near getting all mixed up; but now when one comes I abandon everything but necessity, and — *read* it. Pray don't make it a daily till my health is better.

We have had a busy winter — almost everything to treat, but principally pneumonia, scarlet fever, influenza, and measles. Nearly every case of measles has been in those who are certain they have had them before.

I have had good results from *Ailanthus*, in scarlet fever. In several families of several children, when one was taken sick I gave the others *Bell.* 200, and have not had the second case in the same house, though several have been taken with headache and sore throat, and were sick one or two days, and then were well.

We have had a jolly time over a hospital here. The citizens, mostly

ladies, started it; all schools of medicine represented, and all, doctors and all, *talked* willing to have any doctor about that the patient desired. I suggested to the ladies that their willingness, etc., had better be put in writing. After some urging the constitution was amended so there should be no discrimination in favor of any school of medicine. A Board of "Regulars" and Homœopaths were appointed, and the "Regulars" all resigned, to the delight of their opponents, and disgust of their friends. It would have been all in our hands had not the female doctors and two Irish physicians offered their services to keep it out of our hands entire. *We are after them.* A. M. CUSHING.

LEAVENWORTH, Kan., May 17,—An eruptive disease is prevailing here now to some extent, particularly among children who attend the public schools. One teacher, I hear, reports thirteen absentees in a class of forty. The exanthem is variously pronounced by different physicians (the type of which is somewhat varied) as roseola, scarlet rash, and rotheln. *Gelsemium* 1, *Bryonia* 3, *Belladonna* 3, and *Pulsatilla* 30, are the remedies used. There have recently occurred a few cases of erysipelas and puerperal fever. Phthisis pulmonalis is much more common here than formerly. Fifteen and twenty years ago this country was mostly inhabited by fortune-seeking, robust young men. Now that we have settled down in the ways of civilized life, while we enjoy its blessings, we are obliged to bear its penalties. My partner, Dr. Halsted, recently treated an infant for crying and sleeplessness. After prescribing carefully for three days with no apparent benefit, the child and its parents being worn out by loss of sleep, the doctor gave one grain of *Chloral*. The baby was asleep in a few minutes, slept well all night, and there has been no occasion for repeating the dose. This was, of course, only an expedient; but under the circumstances it seemed the proper thing to do.

If any of my colleagues are having trouble with obstinate cases of eczema, either of the face, ears, head, or hands, I would very confidently recommend *Sulphur*, high. I first ordered from Luyties the 50,000th; he sent me the 41,000th. It cured cases that had baffled and bothered me for months. I am indebted to Prof. A. O. Blair for the suggestion that these very high potencies are most curative in such cases. I did not repeat the dose so long as there was apparent improvement from the first. One or two doses, repeated at intervals of one or two months, were sufficient to effect a cure. In one case more obstinate than the others, it seemed necessary to finish the case with one dose of the same remedy at the 100,000th.

We find THE UNITED STATES MEDICAL INVESTIGATOR an impartial, charitable, and wide-awake journal. W. F. MORGAN.

CHARLOTTE, N. C., May 5.—Several cases of rotheln here, and previously roseolas. The old school physicians call the former scarlet fever, as they do not know it yet. All the cases so far have proved fatal, and it has been as decidedly contagious as small-pox. Previous to this we had a good many cases of pneumonia. Twelve or fifteen fell to my share, and I have used a new remedy, which I brought from

South America, of which notice will appear in the N. A. J. of H. With this I have cured the worst cases of pneumonia I ever saw, in a much shorter time than I could ever effect such cures by the use of *Bry.*, *Phos.*, *Aconite*, or *Turtar emet.* The worst case I ever saw got *Fel Elaps corallinus* 50m, one dose, and was perfectly free of all lung symptoms in three days.

For that Case of Indented Nipples.—Dr. Bumstead will find all he wants to post him on that class of diseases in “Ovarian and Womb Diseases,” by John Epps, M. D. As to *the* remedy, I can only say to him as a veteran Homœopath said to me twenty years ago: “Study your pathogenesis!” A close study of symptoms in the materia medica will reward all of us with success in every curable case. It don’t do to give a remedy in any case because in another similar one this remedy was successful; we must individualize; the road to success in practice lies in treating *every case* as if you had never had one like it, and never expected to have another. This habit once acquired, it will bring with it a reward which money cannot purchase and which will far surpass all your previous hopes in building up a reputation.

Let me recommend to Dr. Merryman, Aledo, Ill. for Cases I. and II., and any other where the *scrofulous diathesis exists*, *Theridion curassaricum*. I begin with the 6th, then give the 10th, 30th, 200th, 1,000th, 10,000th, 20,000th, 50,000th, 70,000th, and 100,000th; and by giving each potency a due time to act, have never yet found a case of scrofulosis that has not been cured promptly. My attention was first drawn to the use of this remedy by Dr. Baruch, and I can attest to the truth of his assertions as to its specific action in this disease.

Case III. should be treated with *Silicea* 50,000, two doses at intervals of a week and placebos for sixty days. This is a slow treatment, but it will reward any one who learns to wait. Such a potency, in most cases, does not develop its full action in less time.

S. B. HIGGINS.

NOTES FROM NOVA SCOTIA.

I desire to express my thanks to Dr. Pearson for his very able article on the “Characteristic Sputa in Pneumonia.” It enabled me to cure two desperate cases with *Lyc.* 200, when I am sure they would have succumbed without it.

To my mind, articles like that are of infinitely more value than some which encumber the pages of your valuable journal, e. g., that on Cancer, in the UNITED STATES MEDICAL INVESTIGATOR for April 1st, by Dr. Goucher, whose sole object appears to be the glorification of the author. Practically the value of such a tissue of crudities is *nil*.

Some years ago I noticed a remark made by Dr. J. C. Morgan, to the effect that *Gels.* is Homœopathic to the incipient stage of typhoid fever. That observation has enabled me to nip in the bud many cases of that disease. As for *Baptisia*, I have never observed any good results

whatever from its use, perhaps because I have never met with a case in which the patient could not get herself together.

Last autumn, I had an interesting case of that disease. It was a *Rhus* case, with very frequent and involuntary stools; temperature 104 to 105 degrees, and steadily going on from bad to worse. *Rhus* seemed powerless, though clearly indicated. As a last resort I directed the patient—a young lady—to be placed in a cold pack. Instantly the diarrhoea ceased, though it returned as soon as she was taken out, but the relief was very great. Afterward, as occasion required, I directed a half pack, and subsequently, simply a wet towel placed across the abdomen. With the reduction of temperature the *Rhus* made its influence felt, and two weeks from the commencement of the attack the patient was convalescent. Two weeks later she was taking her full share in assisting to nurse a sister who had taken the disease.

I have to say that Homœopathy is making fair progress in this remote eastern corner of the continent. Among the people, our principles and practice are steadily though slowly gaining ground. I have made one conversion from the ranks of the Allopathic profession, and am trying for more.

H. H. READ.

HALIFAX, N. S., May 6.

MORE LIGHT.

A NAME FOR THE CASE, AND A REMEDY FOR THE CASE, WANTED.

May 4, 1875.—I was called in the afternoon by the superintendent of one of our ice companies to see one of his drivers. I found an athletic New Hampshire man, only a few weeks from his mountain home, who came to the city for employment in a business where his brother had worked several years. My patient had the day before got a severe drenching, and arrived home at night wet to the skin. Slept little during the night, and when I saw him he complained especially of an undefined aching all over. He felt so tired; dull heaviness of the head all over, but no sharp pain; eyes suffused and lustreless; tongue dry and heavily coated, with foul breath; great thirst for ice-water; disgust for all food; pulse 95; temperature 98. At my request he took deep inspirations with all ease; bowels felt natural; no swelling of the spleen, nor any sensitiveness in the ileo-cæcal region. Diagnosis: typhoid rheumatic fever. Prescribed *Rhus tox* 200, a teaspoonful every hour, except when sleeping. Saw him late at night, he was perfectly conscious and composed, complained only of feeling “so tired”—a symptom which I always find ominous.

May 5th.—Slept several hours, off and on, during the night; relished a cup of tea in the morning; tongue is now moist and covered with a thin white coating; no headache; says, he would feel nearly all right if it were not for a severe sharp pain in the lumbar vertebræ, which even feels sore to the touch, and somewhat relieved by hot dry applica-

tions; pulse and temperature the same; the breath is less foul, but still no appetite; drinks ice-water, not so often, but half a tumbler at once; great apathy, speaks little, but answers correctly when spoken to; respiration normal, not hurried, neither auscultation nor percussion reveal anything abnormal except some swelling under the right false rib, which might be the liver or the lower lobe of the right lung; heart's sound rather weak for such a short sickness in such a robust man. Considering the wetting still as the cause, and as there was an improvement at least visible in the tongue, the remedy was continued during the day and no change made at the evening visit.

May 6th.—6 A. M. Called in haste. His brother tells me that during the night he slept a good deal, but breathed easily all the time, asked for ice-water several times and micturated during the night, so that he thought the patient was improving, when toward morning he complained of sensation of suffocation, breathing hurriedly and abruptly, and in looking at his face the change was remarkable, both upper and lower eyelids were bloodshot; face, tongue, and lips, of a livid color; loud vesicular murmur over the whole of the left lung and the upper part of the right lung, no œdema anywhere, only at that lower right lobe a heavy dullness; the heart worked hard but without energy, as the pulse could not be felt at either radial artery. He was perfectly conscious, complaining only of suffocation, but still never asked for fresh air, (the windows were open in the adjoining room). Feet cold and purple. Prognosis: *infaustissimeina*, stimulants at short intervals. I stood undecided between *Lachesis* and *Acidum hydrocyanicum*, but decided on the former on account of the liver, but all was no avail, he kept conscious to the last, and died, as appeared to me, from paralysis of the heart.

What was the reason that the pneumonia was so insidious; showing no symptoms whatever for three days; or is my diagnosis false? Could the fatal result have been prevented?

No blarney, no whitewashing remarks; let us study the case where we fail, and let us learn by these failures. S. L.

[An interesting case. We would explain it thus: Athletic, hypertrophy of the right heart; over-exertion, cold, and wet, produced almost shock; too weak (muscular) to get up much chill or furnish reaction and with attempt at congestion of lungs caused heart failure and death. Remedy: *Arnica* and hot drinks. Soldiers on long, cold, wet, forced marches frequently drop out and die thus. We have seen exposed foundlings go off in a similar manner.—ED.]

THAT "CASE FOR HELP."

DEAR UNITED STATES MEDICAL INVESTIGATOR: In investigating Dr. Bishop's case (A Case for Help, page 391) my mind reverted to

Mezereum, and a comparison of the symptoms may justify my conclusion in order to give the drug a trial.

CASE.

Most excruciating pain deep in the face below the right orbit, passing up and affecting the whole lateral right half and top of the head; pain intense from noon till 9 A. M. next day.

Offensive purulent discharge from the right nostril; intermits precisely as the old pain; discharge yellowish green, occasionally a little bloody; discharge generally posteriorly; the discharges anteriorly are quite purulent, dropping on the floor like thin batter.

Does not sleep well from 3 A. M.; often awakes as from arrest of breathing, or circulation, feeling very tired, and compelled to turn for relief.

Sleepy and dull through the day and early evening, especially in a crowded room.

Desponding, melancholy mood.

Little sandy deposit in the urine.

Awakes about 3 A. M. with violent erections and desire to pass urine.

Was treated for king's evil.

MEZEREUM.

Dull cramp pain and tearing in the region of the right malar bone, spreading upward over the eye and temples, and downward, etc.; intermittent fever.

Coryza, with bloody, tenacious mucus from the nose; excessively fluent coryza; coryza with soreness of the right internal wing; discharge of yellow, thin, sometimes bloody, fluid from the nose, which is made sore, and feels a burning pain.

Waking at 3 A. M. with a feeling of great heaviness in all the limbs and head; it takes him a long time to fall asleep, and is then tormented by anxious dreams.

Drowsiness in the daytime and afternoon; prosopalgia, especially when entering a warm room.

Hypochondriasis and melancholy.

Hot urine, with reddish sediment.

Voluptuous dreams, as if he had had an emission.

Wakes at 2 A. M. with vivid dreams, and is unable to fall asleep again on account of great nervousness.

Scrofulous affections with glandular swellings.

In the hope that by this comparison it may be considered a simile to the case in question, I remain, fraternally,

S. LILIENTHAL.

NEW YORK, May 9, 1875.

HEADACHE, WITH CHARACTERISTIC INDICATIONS.

III. SENSATIONS.

BY H. V. MILLER, M. D., SYRACUSE, N. Y.

(Continued from page 429.)

1. Pulsations.

Belladonna.—Throbbing of temporal and carotid arteries; red face and eyes, or very pale face; unilateral, especially right-sided, headache.

Bovista.—Beating in the head as if there were an abscess (*Castoreum* and *Creosotum*, as if there were an ulcer).

Calcarea carb.—Throbbing headache in the middle of the brain every morning, continuing all day. Pulsations in occiput.

China.—Intense throbbing headache from excessive hæmorrhage.

Chininum sulph.—Pulsation in vertex.

Eupatorium perf.—Soreness and beating in occiput. Beating pain in nape and occiput, better after rising. Thumping inside of the head above the right ear. Throbbing headache.

Eupatorium purp.—Hard throbbing pain on left occipital bone.

Ferrum.—(See congestive headaches.)

Glonoine.—(See congestive headaches.)

Gratiola.—Throbbing in temples.

Helleborus.—Pulsative throbbing in left temple. *Hepar*, in right temple.

Ignatia.—(See occiput.)

Natrum sulph.—Beating pain in both temples when walking, with an indescribable pain on top of the head almost like suppuration, as if the top of the head would split; the same when touched, continuing all day; is not improved by pressure, etc. Violent, pulsating headache continuing all day, only somewhat lessened during the afternoon.

Nux moschata.—Painless pulsation in head with fear to go to sleep.

Phosphorus.—Pulsation in left temple.

Sarsaparilla.—Throbbing in right frontal region on walking out doors. Throbbing in head until toward noon; do. in vertex; do in right side of head.

Stillingia sylv.—Sharp, darting headache; also dull and constant dizziness, with pulsation in head.

Sulphur.—Throbbing, nocturnal headache.

Theridion.—Across forehead, throbbing.

2. Snapping, Cracking.

Coffea.—Pulsative snapping in the brain in the region of the ear, as of electric sparks. (Compare *Digitalis*, *Pulsatilla*.)

Sepia.—Painful cracking in occiput.

3. Electric Shock.

Helleborus.—Shocks like electricity pass through the brain.

Natrum sulph.—Sensation like an electric shock in left side of head. Also to right of vertex.

Sarsaparilla.—Pains like lightning about the head.

4. Hammering.

Aconite, *Ignatia*, *Chamomilla*, *Sepia*, *Calcarea carb.*, *Sulphur*.

Camphora.—(See *Cerebellum*.)

Cuprum acet.—Hammering pains in the whole head.

Drosera.—Beating and hammering in the forehead from within outward.

Iris v.—Headache, pains acute, boring, hammering, shooting, or stitching.

Lachesis, *Natrum mur.*—Hammering on moving.

Lycopodium.—Hammering in centre of forehead.

Natrum mur.—Headache as though a thousand little hammers were knocking upon the brain; this pain may also be felt in the forehead; headache on waking in the morning, whether early or late, lasting two or three hours.

Nitric acid.—Intolerably painful hammering in the head.

Sarsaparilla.—Hammering headache evenings; worse at night, with much nausea and sour vomiting.

Spongia.—Hammering in left temple.

5. Explosion.

Digitalis.—Sudden crashing noise in the head during the siesta, with frightful start.

Psorin.—Pistol-like report in the head.

6. Tearing, Lacerating.

Arsenic, Coffea.—Tearing in the brain as if being torn to pieces. (Compare *Opium, Muriotic acid, and Ferrum acet.*)

Ammonium mur.—Lacerating headache.

7. Dashed to Pieces.

Alum. Æthusa, Coffea, Magnetis pol. arc.—Headache as if the brain were dashed to pieces.

8. Cleft.

Nux vom.—Headache as if the brain were cleft.

9. Soreness.

Eupatorium perfol.—Headache with sensation of soreness internally; better in the house; worse when going into the open air; relieved by conversation. Painful soreness in right parietal protuberance.

Euphorbia.—Sensation of soreness as if beaten in occiput; worse in forenoon when lying, from heat; relieved by motion and by cooling the head.

Ipecacuanha.—Bruised sensation in the brain, extending through all the bones of the head and down into the roots of the tongue.

Phytolacca.—Sensation of internal soreness in the head.

10. Stupid Feeling.

Cocculus, Stramonium.—Stupid feeling in the head. *Cocculus*, cold sweat on forehead and hands.

Plumbum.—Long-lasting stupid feeling in the head.

11. Hollowness.

Cocculus, Cuprum.—Headache as if the head were hollow.

Thuja.—Emptiness in vertex. Sensation of emptiness in head.

Argentum met.—Painful sensation of emptiness in the head.

12. Lump.

Conium.—Sensation of a hard, heavy lump in the brain. (See *Staphysagria.*)

Veratrum.—Sensation as if a lump were on top of the head.

13. Ball.

Staphysugria.—Sensation in forehead of a round ball firmly seated when shaking the head.

14. Animated Objects.

Petroleum.—Pain in head. Sensation as if the head were full of living things. (Compare *Angustura*, *Silicea*.)

Silicea.—Chronic and hereditary headache. When severest the scalp becomes covered with papulæ and is so sensitive she cannot comb her hair. Cannot bear cold or heat. During headache, roaring in the ears as if *something alive were in the ears*. Chronic foot-sweat and constipation.

15. Coldness.

Calcarea carb.—Icy coldness in and about the head. (Compare *Electricity*, *Tarantula*.)

16. Wild Feeling.

Lilium tig.—Wild feeling in the head as though she would go crazy.

17. Weakness in the Head.

Graphites, *Sepia*.—Can scarcely think.

18. Looseness.

Baryta carb.—Brain feels loose (see *Cicuta*, *Carbo an.*, *Crocus*, *Hyoscyamus*, *Kali nit.*, *Lactuca*, *Natrum*, *Sulphur*, *Stannum*, *Sulphuric acid*); seems to move to and fro on motion of the body; feels stupefied, benumbed. Right side of head feels burning hot, but objectively cold to the touch.

Nux mosch.—Sensation in head on shaking it as if the brain beat against the skull (*Digitalis*, *Laurocerasus*).

19. Constriction.

Belladonna.—Headache, with sensation as if the cranium were too small (*Cimicifuga*).

Carbolic acid.—Sensation as if a band were drawn around the forehead (*Gelsemium*, *Jodium*, *Sulphur*).

Kali brom.—Constrictive sensation in the brain as if the meninges were too tight, with anæsthesia of the scalp (*Pulsatilla*).

Lycopodium.—Pain in the temples as if they were being screwed together.

Sarsaparilla.—Headache as if screwed together in both sides of the head.

20. Expansion.

Feeling as if the head were enlarged: *Apocynum can.*, *Argentum nit.*, *Bovista*, *Coralium*, *Dulcamara*, *Indigo*, *Lachnanthes*, *Manganum*, *Mercurialis peren.*, *Natrum*, *Ranunculus scel.*, *Theridion*, *Platinum*, *Sulphur*.

Apocynum can.—Head feels very large and heavy; as large as a half-bushel.

Corulia.—Head seems three times as large as it is.

Dulcamara.—Sensation of enlargement of cerebellum.

Nux vom.—Head feels much larger than the body; feels as large as a church.

Hypericum perf. Mephitis.—Head feels elongated.

Lachnanthes.—Sensation as if the head were enlarged and split open by a wedge, from without inward.

Paris quad.—Spinal irritation, with sensation of expansion of the brain; head feels big as a bushel measure; fullness in temples, ears, roots of nose, throat, and eyes. Eyeballs feel expanded, as though the lids would not cover them. Tongue and fauces dry on waking, and no thirst.

21. Wabbling, as of Water in Motion.

Arsenicum, Belladonna, Hepar, Hyoscyamus, Nux mosch., Platina, Spigelia.—Sensation of wabbling or swashing in the brain (hydrocephaloid).

22. Bubble Bursting.

Formica.—Sensation as of a bubble bursting in forehead, running around the left side of the head.

[TO BE CONTINUED.]

ON BILIOUSNESS AND ITS TREATMENT.

BY R. N. FOSTER, M. D., CHICAGO.

[Continued from the last number of the *United States Medical and Surgical Journal*.]

In the last issue of the *United States Medical and Surgical Journal*, I promised an article on the treatment of Bilioussness. That promise I now proceed to fulfill.

In Jahr's New Manual, page 252, under the word "*Mercurius vivus*," will be found the following array of symptoms, all of which are both curative and pathogenetic:

GENERAL SYMPTOMS.—Rheumatic, arthritic, drawing, and stitching-tearing pains, especially at night; jaundice; swelling and suppuration of glands; hæmorrhage from internal organs; aggravation of the pains in the evening and at night; the whole body is painful as if bruised, with painfulness of all the bones; prostration with excessive physical and spiritual distress; excessive malaise and debility, with trembling and vascular orgasm even from slight labor.

SKIN.—Skin of a dingy yellow; erysipelatous inflammation of external parts.

SLEEP.—Torpor, very drowsy in the daytime; uneasy superficial sleep; a good deal of anxiety at night.

FEVER.—A good deal of chilliness, shivering and cold creepings as if cold water were poured over one; hectic fevers; nocturnal fevers; profuse night sweats.

EMOTIVE SPHERE.—Anguish.

SENTIENT SPHERE.—Vertigo.

HEAD.—Headache, as if the head would fly to pieces; tearing headache, also only on one side; tearing-burning headache.

INTEGUMENTS OF THE HEAD.—The whole scalp is painful to the touch.

EYES.—Pressure in the eyes as from sand; stinging in the eyes; burning-smarting in the eyes; swollen lids; dimness of sight; dread of light and the glare of fire.

EARS.—Tearing or stitching pain in the ears; the inner ear is sore; purulent discharge from the ears; swelling of the parotid gland.

NOSE.—Nose-bleed.

FACE.—Complexion pale, livid; feverish heat and redness of the cheeks; lips rough, dry; crampy stiffness of the jaws.

TEETH.—Toothache; tearing toothache, affecting the whole side of the face; stinging in decayed teeth.

MOUTH.—Fetor of the mouth; aphthæ; fetid ptyalism; tongue covered with mucus.

THROAT.—Sore throat when swallowing; soreness and smarting in the throat; the fauces are inflamed and painful; inflammation and swelling of the uvula; angina faucium, with stinging pain during empty deglutition; suppuration of the tonsils; painful dryness of the throat; the beverage returns by the nose.

APPETITE AND TASTE.—Foul or metallic and saltish, or sweet taste in the mouth; bitter taste in the mouth, especially before breakfast; violent burning thirst; ravenous hunger; aversion to food, especially to warm and solid food.

GASTRIC SYMPTOMS.—Foul eructations; nausea; inclination to vomit; bitter bilious vomiting.

ABDOMEN.—Distension of the abdomen with pressure and pain when touched; cutting and pinching in the abdomen; excessive pain, not passing off till one lies down; painful inflammation and swelling * * * of the inguinal glands.

STOOL AND ANUS.—Constipation; ineffectual urging; tenacious, sour-smelling, or green, slimy, acrid, bloody, tarry, excoriating stools; slimy diarrhœa; dysenteric stools; discharge of bright blood; lumbrici,

URINE.—excessive micturition; dark-red, fetid urine, which soon becomes turbid; sour-smelling, acrid urine.

FEMALE PARTS.—Suppression of the menses.

CATARRHAL SYMPTOMS.—Profuse, excoriating, watery coryza; dry coryza; catarrh with a good deal of sneezing.

WINDPIPE.—Catarrh; catarrh with cough, coryza, sore throat; dry titillating cough; racking, dry cough, especially at night.

CHEST AND PERSPIRATION.—Tightness of the chest and shortness of breath; palpitation of the heart.

The foregoing is by no means an exhaustive resume of the symptoms of *Mercurius*. We have purposely excluded all symptoms except such as are both pathogenetic and curative, and any physician will at once admit, *a priori*, that if one drug can indeed produce, and has indeed cured, such an array of symptoms, then may one primary condition of the body, say biliousness, also present an equally great variety of symptoms, thus becoming the parent of many diseases.

According to this pathogenesis, *Mercurius* has produced and has cured rheumatism, adenitis, break-bone fever, general prostration, jaundice, erysipelas, remittent fever, ophthalmia, otalgia and otitis, mumps, epistaxis, toothache, tonsillitis, diphtheria, stomacace, dyspepsia, bilious attacks, enteritis and enteralgia, constipation, diarrhœa and dysentery, suppressed menstruation, influenza, bronchitis, pneumonia, and palpitation cordis.

If the reader would like to know how many more specific forms of disease this drug has cured, but has not produced, let him diligently read those portions of the pathogenesis that have been excluded from this paper; he will then find that almost every known form of disease has been subjected to its influence with success. And finally, if the hypothetical reader aforesaid is of the more ancient school of physic, and objects to this way of putting it as the direct outcome of our system of giving every drug for every disease, my response is, that his school originated and still continues the use of *Mercury* in precisely the same manner, although in larger doses and on different principles. And we humbly submit, that the mischief wrought by *Calomel* is due to the excessive doses given, and the undoubted benefits obtained from it are due to its simple merits in so many diseased conditions — and lastly, this fact of its value in so many various forms of disease is due to the primary fact that all of these forms of disease spring from one general condition, which we call “Biliousness.”

But if our patient reader belongs to the new sect in therapeutics and should object that he does not and cannot cure all of the above diseases with *Mercurius*, we should simply beg of him not to be captious, but to take the argument at its legitimate value, or rather to ignore all argument and fairly appreciate the meaning of these few facts:

First.—That *Mercury* produces the symptoms above detailed.

Second.—That *Mercury* cures the symptoms above detailed.

Third.—That Old School practice has for more than two centuries emphatically endorsed this second fact.

Fourth.—That this School has long regarded *Mercury* as the specific for biliousness, the only cholagogue.

Fifth.—That “bilioussness” lies at the root of all the diseases above mentioned, as of many others also, as shown in our previous paper, and as still more scientifically set forth by Dr. Murchison in the *London Lancet* for July and August.

From these important facts each one is at liberty to draw his own conclusions; for my part I can see but one possible deduction, which is fully confirmed by my own limited experience, and that is:

That Mercurius is the remedy par excellence, the almost specific, for that general morbid condition of the body commonly called bilioussness.

I regard this proposition as fairly established by all the facts, and its application in therapeutics as directly and definitely limited by two other facts which will be readily acknowledged, viz:

First.—That *Mercury* alone will not always cure the above mentioned diseases.

Second.—That in such cases other remedies are positively indicated by the appearance of symptoms which *Mercurius* does not produce.

No other drug can be found to present such an array of peculiar and well-marked symptoms, with the tinge of bilioussness on every one. Bilioussness is the key-note for *Mercurius*. But I wish to be distinctly understood as limiting this claim for the use of *Mercurius* to the *general condition* called bilioussness—to that state of the body which precedes the more specific forms of disease, which underlies them, and sometimes accompanies them throughout their course.

CASE I.

Mr. C., aged thirty, robust, usually healthy, “never sick” in fact, called at my office for some medicine. “I am not sick, doctor, but I feel miserable; no appetite for anything; bowels torpid; horrible taste in my mouth in the morning; slight sense of nausea occasionally; tired, tired, tired all the time; the least thing exhausts me; could sleep all day and all night too; look at the color of my skin; I have no ambition either; my mind is as sluggish as my body; I have been so for weeks; I have taken Vegetable pills, Schenck’s pills, Vinegar bitters, and so on, indefinitely. They would stir my bowels up for a day, and then I was worse again. What can you give me?”

Now I recognized in this man simply one in a hundred who is steadily making his way toward a more specific form of bilious disease, most likely a remittent fever. His present trouble is bilioussness, and my prescription is *Mercurius solubilis*, 3d decimal trituration, four powders daily for three days, when he is to report. He does not report for a week, when he says that his medicine improved him promptly, and he thought himself well until the day before, when a slight return of the old symptoms warned him to get a little more medicine. I renewed his prescription, and he got well immediately, and remained well.

CASE II.

A lady aged thirty-five, makes the following report of her case. She has not felt well for three months, but has nevertheless been able by

great exertion to pursue her domestic avocations which are onerous. But the evening previous to sending for me, she had been seized suddenly with severe palpitation of the heart, great dyspnœa, and vertigo. She felt sure that she had some dangerous disease of the heart. The color of her skin was the most striking symptom to the casual observer. She complained of it, and said that it had been growing more and more yellow for weeks. She "expected to be quite black" soon. She had no appetite whatever; felt *very* weak, and had a feeling of dullness all through the head. Pulse *slower* than normal, about 50; no nausea.

Here the leading symptoms were the palpitation, the dyspnœa, the weakness, the vertigo, the encephalic dullness, and behind all the long-continued biliousness. The slightest attempt to move provoked a renewal of all the symptoms, nevertheless I did not prescribe *Bryonia*, but *Mercurius solubilis*, as in the preceding case. In two days I returned, found her much better, but by no means well. For some now forgotten reason I changed the prescription and returned the next day to find her worse. She said that my first prescription did her good, but my second did not. She had now a raging headache, chiefly occipital, and increased prostration. The peculiar headache determined me to add *Gelsemium* 3, (in one drop doses,) in alternation with the *Mercurius solubilis*. Under this prescription she made steady but slow progress for a week, when she was able to resume her duties.

There is no telling what a physician might have given in this case had he suffered himself to be misled by the *secondary* symptoms, the palpitation, dyspnœa, etc., overlooking the *primary* difficulty, which had really been visible enough in the case for at least two months, and was our old friend misnamed "biliousness."

CASE III.

Mr. S., aged forty, is a merchant engaged in an extensive wholesale business, so much so that he has no time to attend to a chronic inflammatory rheumatism, which affection finally becomes so severe that he cannot turn in bed without assistance, and finally develops a something resembling pericarditis. At all events he has severe pain in the cardiac region, very irregular pulse, and his respiration is painful, owing probably to rheumatism of the intercostal muscles, which he, however, insists upon calling pleurisy. His fever is high, and his breath fetid. At the left knee-joint is an effusion of nearly a pint of fluid, which has been there for more than a year. His skin was the proper color for *Mercurius*, but I prescribed *Aconite* and *Bryonia*, and the next day found him much worse. He complained of sore throat, I examined it, and found that my patient had diphtheria. The submaxillary, cervical, and tonsillary glands were all swollen, and the fauces, both anterior and posterior, were covered with patches of diphtheritic exudation. The fever was moderate. I now prescribed *Mercurius jodatus* 3, and alternated the same with *Aconite*. In about five days the diphtheria had reached its acme, and what is remarkable, *on the third day every symptom of his old rheumatism had vanished, and even the effused fluid of the left knee-joint had been entirely absorbed!*

In two weeks he was well, and has had no symptoms of rheumatism for the last month. The diphtheria and the rheumatism obviously had a common origin. At the outset there seemed to be a question in the organism which he should have. Finally it was decided in favor of the diphtheria, and the decision did the patient good. He has since been a well man, which he had not been for a long time previous. But he is a man of intelligence, and he assures me that his real original trouble, which has beset him ever since he located in Chicago, is "nothing but biliousness." To hepatic disorder he attributes his chronic rheumatism, and I believe he is right. And furthermore I believe that other specific forms of disease might have taken the place of the diphtheria, and might have accomplished for him the same renovation, as may be illustrated by

CASE IV.

Little Miss B., aged three, is very sick, but what is the matter her mother does not exactly know. She does know, however, that Miss B. cannot swallow for pain, that she has very high fever, and a swollen neck, and passes "blood and slime" every hour with much preceding pain and much straining. All the glands of the throat and neck are swollen greatly, and a glance at the throat internally reveals a mild diphtheria, milder, we may reasonably suspect, because of the concomitant dysentery.

The prescription is *Aconite* and *Mercurius corrosivus*, under which remedies she made a prompt and steady improvement, being convalescent in five days.

It will hardly be necessary to explain why I gave *Mercurius solubilis* to the two cases first detailed, *Mercurius iodatus* to the third, and *Mercurius corrosivus* to the last; but I may say that when swollen and inflamed glands are present the *iodide* seems to me to be specially indicated, and the *corrosive sublimate* when mucous surfaces are inflamed, and *Mercury* in some form all the time when hepatic disorder of long continuance is at the foundation of the mischief. Nevertheless, I should hesitate to classify this last case with the preceding except on the general principle that bilious disorders do eventuate in just such specific forms of disease, and that all diseases so resulting are fundamentally akin, and are sometimes substituted one for the other, or even accompany each other.

CASE V.

Mrs. E., aged thirty-eight, of robust constitution, has been out of repair ever since coming to Chicago from Iowa six months ago. Her appetite has been poor and fitful, and she has grown sallow, and has felt weak and "dumpish," and finally has been seized suddenly with severe pain at a particular spot low down in the back. This spot is not larger than a nickel, she can put her finger right upon it, and it is at the sacro-iliac junction precisely. Hence the pain gradually crept to the hip-joint, the crest of the ilium, and down the back of the thigh to the knee. She lies quietly in bed, for she is positively unable to move. Pulse 96, and very weak; slight headache; face flushed; no appetite.

There are no special symptoms here given to guide in the treatment, or to an accurate diagnosis. There is no drug that produces just such an array of effects uniformly, so far as I know. But this much I can discern, that this lady has been growing more and more bilious ever since her change of climate. Her disease resembles sacro-sciatic neuralgia, with a mild inflammation of the sheaths of the nerves accompanying. Nevertheless, the "worse on motion" business misleads me, and I prescribe *Bryonia*, then *Gelsemium* and *Bryonia*, and at last, when the remedies disappointed me, *Mercurius solubilis*. Under this last prescription improvement was prompt and continuous. This patient had had a similar experience in Iowa about a year before, and had been subjected to old-school treatment therefor. She therefore felt that she had some reason to contrast the two methods of cure, and she pronounces emphatically in favor of the new system.

I could easily detail such cases by the score, but enough has been said to elucidate the point just now under discussion, and to show that for the *general treatment of the general condition* called biliousness we have but one drug, one "similar," and that is *Mercurius*. But this statement applies only to those cases which do not assume decided specific forms, and which present as their precedent, primary, and perhaps long-continued symptom, the condition commonly called biliousness. Nevertheless any disease originating in this condition, may require *Mercurius* in some of its preparations, throughout its entire course, and this simply because of such origin.

Moreover, a more specific remedy may with good results be used in alternation with *Mercurius*, or one remedy may be given for some hours, and then set aside to make way for the other. For example, in those severe cases of ulcerative inflammation of the fauces which closely resemble diphtheria, *Mercurius iodatus* will certainly improve the local inflammation, but will not diminish the accompanying fever which is always distressingly high, and which will always yield to *Aconite*. I do not think that any one remedy will control this painful disease so effectually as these two, or rather these three, for the *Mercury* is in this case compounded with *Iodine*. Nor do I mean to affirm that any case of disease originating in biliousness may be successfully treated by *Mercurius* alone, but I will say that hardly any such case can be well treated without it, and that the simple original condition is more amenable to its influence than to that of any other-drug.

OTHER REMEDIES.

Next to *Mercurius* in the treatment of the condition in question, I should place *Arsenicum album*, in the 3d centesimal trituration. We all know how extremely serviceable this drug is in the treatment of intermittent fever, and it is not hard to imagine that it may be quite as servicable in preventing an intermittent as in curing one. Therefore, when the patient complains of symptoms that manifestly point toward an intermittent condition, or a remittent — such as extreme chilliness, cannot possibly get warm, occasional slight fever, aggravation on alter-

nate days, and so on—I have prescribed *Arsenicum* with satisfactory results.

Large doses of *Quinine* have frequently failed, as I have learned from many who had tried without effect to break up a tendency to bilious disorder by the use of them. Nevertheless I have found decided benefit in very mild cases, where chilliness and languor were about the only symptoms complained of, from the use of *Quinine*, 1st decimal, six small powders daily. I have also used the 2d and 3d triturations with just as good results.

Podophyllum, in drop doses of the tincture for adults, will supply the place of *Mercurius* very well when the disease is of recent origin, and the constitutional disturbance comparatively superficial. In the remittent fevers of children, this drug in alternation with *Gelsemium* has been of great service to me. Where the well-known "worm symptoms" predominate, however, *Cina* is of more value than *Podophyllum*.

Nitric acid has occasionally proved efficacious where the diseased condition was obstinate. Continuous chilliness, pain and weight in the hepatic region, and the characteristic strong-smelling urine furnish hints for its indication.

Baptisia is serviceable where there are signs of an approaching typhoid condition.

Antimonium crudum will subdue frequent nausea with white tongue.

Natrum muriaticum has never helped me in a single case, nor has any one of the high potencies. I have not tried them very often, however, but when I did, it was after the most careful study to select the exact similar.

Therefore it has seemed to me that where a general condition is to be treated, specific medication is out of place. On this point, nevertheless, I prefer not to dogmatize. I do not claim that the above practice comprehends the vital essence of all genuine therapeutics, known and unknown. I hope therefore that no one of your contributors will undertake to demolish me, to show up my ignorance of first principles, or to demonstrate how unsafe it is for such an empiric to be let loose with a medicine chest on the community. The above theory and practice is the best I know of; it has served me better than any other; it has served me in a field not very much illuminated by the authorities; it may help others to know my experience; it may call forth more and richer experience—for which I, too, shall be grateful.

HYGIENE.

A word now as to dietetic and other adjuvants, and I have done. My general instructions to this class of patients are somewhat as follows:

1. When you have no appetite, *do not eat*. Nature sometimes wisely proclaims a fast. "Yes," says the patient, "but can you not give me an appetite?" Certainly. "How?" By making you well. When you are well you will have an appetite. When you have an appetite, you can eat.

2. When the appetite is poor and fitful, eat light food, ripe fruits, toasted bread, salt fish, and salt meat.

3. Drink buttermilk, several glasses daily; if this does not suit the stomach, try whey, made fresh every day.
4. Take all the sleep you want, if you can get it. Three days hibernation does a world of good sometimes.
5. Take all the rest you want, if you can get it. I never knew anyone to succeed in *forcing* himself into a better physical mood.
6. Drop work altogether and go a-fishing, or hunting, or visiting friends abroad. A change of this kind will sometimes restore a man like magic.

ON SUN-STROKE.

BY ROLLIN R. GREGG, M. D.

As the time is rapidly approaching for the annual recurrence of a greater or less number of cases of sun-stroke, I desire to present some new views bearing upon the cause and pathology of this disease, which seems to me in a measure rational, to say the least, and which I have for years wished some one should lay before the profession for consideration.

We all know that patients in *coup de soleil* present many of the appearances of those in whom the powers of the brain are suddenly overwhelmed, as by the violent congestion of the blood thereto, in apoplexy and the like; but that there is seldom or never congestion of blood to the brain, to account for the results, all are now agreed.

Watson says: "Pathologists are not agreed respecting the intimate nature of this distemper; nor about the manner in which it destroys life. Some regard it as a sort of apoplexy, and hold that death takes place in the way of coma. But the most approved remedies of apoplexy—bleeding and other evacuations—have not proved successful in relieving it."

Wood says: Post-mortem examination has revealed a total absence of congestion of the brain," by blood, of course, must be his meaning.

But that there may be a congestion of the vessels of the brain by vapor, which has been generated in the blood by excessive heat, seems more than probable, from a common-sense view of the matter.

No one will probably dispute that if the body is subjected to a temperature much above that of blood-heat, vapor must be generated from the water of the blood, the same as it is in water generally, under the same amount of heat. Indeed, there is always some vapor in the blood at its natural temperature of 100 degrees, and more heat must increase its quantity.

Another proposition which will no doubt be regarded as self-evident, is the fact, that, if vapor is generated suddenly, or rapidly, in the blood-vessels, an amount of space in the vessels, corresponding with the quantity of vapor produced, must be occupied by it, which would have the same mechanical effect, by pressure, as the sudden adding of just

that volume of blood to the general circulation; barring the fact that vapor would be compressed into a smaller compass render the same pressure, than would be an equal volume of blood. But the compression of the vapor would exert the same amount of pressure upon the tissues outside of, and between, the vessels, as would be exerted on it, and produce the characteristic effects of that pressure.

Then as vapor is so much lighter than the blood, it must rise to the highest point within the vessels, which would be the vessels of the brain, when the body is in the erect position—the position it is almost invariably, if not universally in, when the patient is attacked. Therefore we should then have a congestion of the brain by vapor, instead of blood, and also have many of the characteristic effects that the latter would produce, if suddenly driven to the head, as in apoplexy. This would account for the assertion of some authors upon this disease that the brain actually suffers from anæmia; that is, the blood would be in part driven out of the brain by the vapor, consequently there would not be so much of the former found in its vessels as there ought to be in the natural condition.

Again, what is regarded as the most successful method of treating *coup de soleil*, yet devised—namely, applications of cold water and ice to the head and chest—affords some proof of the above being the correct view of the pathology of the malady. The *steam is thereby simply condensed*, and the pressure relieved, when, if vessels are not ruptured, and the shock not too great, speedy recovery follows. That is, in the cause and cure of sun-stroke, have we not a repetition of what is done in the steam engine daily, namely: a generation of steam with its consequent pressure, then a sudden condensation of the vapor, or steam, by application of cold water, and relief from the pressure?

That there may be sufficient heat in this disease to generate vapor in the blood, is shown by the following from the prize essay of H. C. Wood, Jr., on Sun-Stroke, published in July, 1872. He says, after speaking of some cases where the patients pass by insensible degrees into fatal coma or stupor: “with this insensibility there is always associated intense heat of the skin. To the hand the surface feels intensely hot; nor is the sensation a deceptive one—the heat of the body exceeds that attained in almost any other affection. A thermometer placed in the armpit, instead of indicating 98 degrees Fahrenheit, the temperature of health, rises generally to 109 degrees, in some cases even to 113 degrees.”

As supplementary to the foregoing, I will call attention to the fact that persons taking too hot foot baths, or hot general baths, sometimes suffer in a similar manner. I have known several instances where people have fallen from their chairs insensible, or in a convulsion, from a hot foot-bath, and believe such very dangerous unless taken with due caution. In regard to a hot bath of the whole body, I have this case to relate: Last summer one of our active business men was in New York on a very hot day, had a sun-stroke, which, though not as severe as many cases, rendered him insensible for a short time, and left its effects for some days after. This same gentleman took a Russian bath

this last winter, by which he was soon rendered insensible with dangerous symptoms, but recovered, and says that so long as he remembered, before becoming insensible, the symptoms were identical with those of the sun-stroke, and as he came too, and for some days after, they were the same.

The above has been written in too great a hurry, under pressure of professional duties, to be fully satisfactory, but is submitted for what it may be found to be worth.

BUFFALO, May 14.

HOW NOT TO ADVANCE TRUE HOMŒOPATHY.

As I understand it, true Homœopathy may be defined as that course of administering to the sick which gives the single remedy, found, after careful study, to be the nearest possible picture of the disease as represented by the symptoms. And I do not suppose it is absolutely necessary to give that remedy in the millionth or even the two hundredth potency.

There are some among us who are good and true, and yet who never use a remedy potentized higher perhaps than the 3d or the 6th, and to them the reports of some of the wonderful cures made with the high potencies seem rather absurd, and they are apt perhaps to scoff at the idea. It becomes us therefore in reporting our great exploits to make sure that it was *because* of our remedy that a cure resulted and not simply that a cure followed. While I am a firm believer in the value of high dilutions, yet I also believe there may be, and often are, as brilliant things done with lower potencies, and it is with peculiar feelings that I read of the results following the use of high or highest dilutions, unless those results are clearly the work of the remedy given. To illustrate I will copy from the *American Journal of Homœopathic Materia Medica*, for January, 1875, page 181, in a report of clinical cases by Dr. L. W. Berridge. We have it thus :

“*Lycopod.* 2000, (Bœricke). CASE V. Mr. —, for four years has had pedunculated wart on left neck; for last few days it has become red around and increased in size; smarts at times; when touched it pricks and is very tender. *Lycopod.* 2000, (Bœricke,) one dose. Wart fell off during next night, to his great astonishment, and was quite well in the morning.”

Such a condition, as indicated by the symptoms given, is nearly always present in spontaneous cures of warts, and it would hardly be right to suppose that such a complete change of *structure* could have followed in so few hours after the administration of any remedy. It is the reports of just such cases that makes our system seem all the more ridiculous to those who do not think as we do. Our opponents reason upon known physiological laws and pathological conditions, and if we

present cases which cannot stand any test at all, we weaken our cause and strengthen our opponents. Therefore let us be sure, in our reported cases, that our patient got well *because* of the remedy given.

G. M. P.

THAT CASE OF INTERMITTENT NEURALGIA.

DEAR UNITED STATES MEDICAL INVESTIGATOR: For the benefit of S. Bishop, p. 391, I would say that I had a case of intermittent neuralgia, coming on every spring for many years. It came on every morning at nine, and ceased at noon, till the last spring, when it used to cease at 2 P. M. The pain was over and in right eye and right temple. Gave *Spig.* and other remedies, without the least effect. When almost in despair, gave *Nux v.* tincture, with relief in ten minutes. There was a slight return next day, but a few doses of *Nux* stopped all trouble. Patient indulged in the "ardent" to some extent. I would suggest *Nux v. 3* at night for a week, then omit one week. I think *Nux* strongly indicated.

I like THE UNITED STATES MEDICAL INVESTIGATOR, but, like Dr. Gallinger, I am not quite in my element unless I can have liberty to find fault: "A few bad colds, and some chronic cases. Influenzas have been abundant, but as the weather moderates they get lighter and fewer (!)" What do we learn from reports like this?

No items in pathology or therapeutics, "no nothing."

LEXINGTON, Mich, May 18.

A. F. RANDALL.

[We learn that influenza has been prevalent. Can you tell us when and how extensive this disease prevails? It is supposed to have definite latitudes, but what circumscribes it we may learn when we find its limits. The report has a bearing on etiology and medical geography.—ED.]

CHOLERA IN INDIA.

The *Times*, of India, dated April 11th, supplies the following terrible news: "Some cases of cholera among pilgrims in the city of Benares. In Oudh a cholera panic prevails. Fearful accounts have been received from Cawnpore, Fyzabad, Jounpore, and Benares. The railway turned out eighteen corpses at Lucknow, on the 8th. The Benares train, due at Lucknow on the 8th, reached there on the morning of the 9th, having been delayed by frequent stoppages for the removal of the dead and dying. The grand Assoodhia Mela has been prohibited. In Lucknow, cholera cases are few, only eight deaths having taken place last week."

CARBOZOTATE OF AMMONIA IN CHRONIC HEADACHE.

For the benefit of Dr. Bird especially, and *pro bono publico* generally, I will state that I observed, while proving the *Carbozotate of ammonia*, that the most prominent symptom was a persistent ache over the right supra-orbital region; and having had several *very bad cases* of chronic headache recently, I put them all on the 1st decimal trituration of this salt, with the most prompt and satisfactory results. The first case, in a young laboring man, had persisted in spite of all ordinary treatment for *six months*. Two or three grains every two hours cured this case in twenty-four hours. My next case was a married lady, utterly prostrated and bed-ridden by a quotidian headache, commencing at sunrise and gradually subsiding toward evening. The same remedy, in the same dose, cured this case also in forty-eight hours. I am now using it in several cases of menstrual headache, in two or three grain doses three times a day during the interval, and will report results if it seems desirable. I am sure there is not a physician of any school but that will be glad to know of a remedy that will cure such exceptionally bad cases as these. I have used the remedy a great deal, and have never found it disagree even with children, to whom I give it in the 2x trituration. *Verbum sat sapienti.*

E. KIRKUP.

SALINAS CITY, Cal., May 3, 1875.

ANSWERS TO "CALL FOR HELP."

EDITOR OF THE UNITED STATES MEDICAL INVESTIGATOR: Dr. Bishop asks for help in a case mentioned in your valuable paper of May 1st. Let him try *Glanderinum* 6th to 10th decimal potency, morning and evening for one week; then give the 30th of the same remedy every morning for another week, or less frequent should improvement take place. I believe this the remedy for this case.

BUFFALO, N. Y., May 14.

JOHN F. WAGE.

MR. EDITOR: In THE UNITED STATES MEDICAL INVESTIGATOR of May 1st is a "call for help" from Dr. Bishop. Let me ask the question: Is it not an abscess in the Antrum of Highmore? If so, the only way is to extract the first molar tooth, and probe the cavity of the antrum. Then try your 200th, and report.

LYNN, Mass., May 18.

A. M. CUSHING.

Gynæcological Department.

PROGRESS OF GYNÆCOLOGY.

XIII. PUERPERAL FEVER. *Transactions of the American Institute of Homœopathy for 1874.*

The meeting of our National Society, at Niagara Fall, last year was in many respects a remarkable one. And not only is its volume of transactions larger and more readable than any which have preceded it, but the intrinsic worth of its contributions to medicine and surgery will give real satisfaction to the practical and progressive members of our school. One feature, which was finally engrafted upon the proceedings of the convention, and of which the secretary, Dr. McClatchey, has made a most faithful record, was the meeting of separate sections for a free and full discussion of the subjects presented. It was, and will always be, a credit to the Obstetrical Bureau to take the lead in this new departure. For the first time in the history of the society a whole half-day was spent by this bureau in an "experience meeting," where all were free to tell what they knew of the disease in question, to the exclusion of irrelevant matter.

The papers which had been presented to the Institute proper were all upon Puerperal Fever; (1.) *Its Clinical History*, by Dr. J. F. Cooper; (2.) *Its Etiology and Infectiousness*, by Dr. Mary J. S. Blake; (3.) *Its Differential Diagnosis and Prognosis*, by Dr. R. Ludlam; (4.) *Its Regimenal Management*, by Dr. J. C. Sanders; (5.) *Its Treatment*, by Dr. O. B. Gause. The reading of these essays had excited great interest, and the very large attendance upon the separate and extraordinary meeting of this section in the afternoon gave a practical endorsement to the experiment. For the most part the debate was participated in by our practical workers, and there was a manifest desire to do justice to the subject. The Secretary's notes are very full and notably correct. We copy a few items: Dr. J. H. Woodbury, of Boston, being called upon to speak to the question of the *contagiousness* of this fever, said:

"It has been my good fortune to have had very few severe cases of puerperal fever to treat in connection with my earlier practice. About the middle of last May I was called to a case of puerperal fever in consultation with a colleague. The visit was brief, the case was not severe, and it seemed to be progressing satisfactorily. This occurred on a Friday morning, and on the following morning (Saturday) I was called to attend a case of labor a short distance from the city. On my arrival I found that the child was born, the afterbirth delivered, and the woman put quite comfortably to bed. My visit was brief, and I did not in any way touch the patient, and I had no occasion to do so.

On Sunday she was doing very well. On Monday well-marked symptoms of puerperal fever developed themselves; these increased in intensity with great rapidity, and on Thursday she died. The physician who had called me in consultation to his case, had an experience similar to my own. He was called to a case of labor on the Saturday, and in a few days his patient died of puerperal fever. Now the question in my mind is, whether these results were merely coincidences, or whether these last-mentioned women were infected by their physicians having attended the first case. I should like to hear the opinions and experience of the members on this point."

Lyman Clary, M. D., Syracuse, N. Y.: I think I can state a few points in reference to this interesting matter. I remember a terrible epidemic of puerperal fever that occurred in 1836. An old Irish midwife lost eighteen cases in less than four weeks. I will relate one of my cases to show you how rapidly fatal the disease was. A lady was confined with her second child; I was called at 7 o'clock in the morning, and by 9 o'clock the child was born, the placenta was delivered, and she expressed herself as being very comfortable. I left some mild prescription, and went away (I was called an Allopath in those days), and I would not have visited her again that day but that I was in the immediate neighborhood. The next morning I was out early, having an operation to perform, and I saw the husband and his father, who was a physician of Troy, N. Y., standing in the doorway. To my query as to how the woman was, the answer was, "She is very comfortable." I went in and went direct to her room, and if I had been struck and knocked down I could not have been more thoroughly shocked than I was by her appearance. I saw death written on her face; her pulse was very feeble, and so rapid that it was almost impossible to count it; the abdomen was as much swollen as it could be, and so tender to touch that she begged me not to hurt her on my placing my hand lightly on it. Now you will please remember that it was scarcely twenty-four hours since her confinement, and during the first eighteen hours, at least, she had certainly shown no signs of disease, and had been, as she said, "very comfortable." My partner and I used leeches and fomentations, but she died at 2 o'clock in the afternoon. I had several other cases which terminated very much in the same way; and I believe the other physicians of the place had an experience very similar. The old midwife had a large practice among the lower classes, and she lost a great many cases. I have no doubt but that she carried it from patient to patient, and I suppose we doctors did the same. I have read of an English physician who had a large number of these cases occurring in his practice, and who, in consequence, gave up obstetrical business and went away for some time, and his successor had no cases at all. On his return, supposing himself to be then free from all injurious influences, he again went into practice, and the first woman he attended in labor had puerperal fever and died from it. I will relate another occurrence that came under my own observation. Two young physicians procured a subject, and they

made dissections with me in the office during the winter. As the weather became warmer I desisted, but one of these young men kept on at work until June. I went West, was gone about ten days, and on my return this young physician told me he had a bad case of what he believed was puerperal fever, in a woman who lived on the towpath; that he wanted me to visit her with him; and that his own wife, who had been confined and attended by him, was also sick, and he was much distressed about her. I went with him to see the woman at the canal first, and verified his diagnosis. I at the same time told him that the patient would die, which she did the next day. I was reluctantly compelled to pronounce an almost hopeless opinion of his wife's case, and she died, although she was a very healthy woman, and had had an easy labor. I was so unfortunate as to say to him, "Doctor, is it not possible that you have communicated this disease from the dissecting room?" The poor fellow never got over it. He went South, to Raleigh, and died there a maniac. These points may serve to throw some light on the question of the infectiousness of this disease. I myself believe it is carried from case to case, generally by the physician or the nurse. But I have a very different feeling now on being called to a case of this kind, from what I had when an Allopath. Then I went with fear and trembling, hoping for the best, but anticipating the worst; but now, since I have been practicing Homœopathically, I go with the assurance that the remedies I give will suffice to carry my patient safely through her perils. And I wish to say also, that from observations I have long been making, I am convinced that not three out of every five cases reported by Allopaths and Homœopaths as puerperal fever are puerperal fever at all. It seems to me that the cases reported by the gentleman from Pennsylvania (Dr. Willard) were cases of cerebro-spinal meningitis, and not truly and properly puerperal fever. And while I am willing to and do acknowledge the great efficacy of Homœopathic medicine in the treatment of true puerperal fever, yet when I hear reports of cases of puerperal fever that were "cut short" by this or that medicine, I feel satisfied in my own mind that there has been an error of diagnosis.

W. H. Holcombe, M. D., New Orleans: The question has been raised as to whether puerperal fever is a contagious disease. The contagious diseases are few in number, and the eruptive fevers, yellow fever, hooping cough, and a few others, almost fill the list. Is it not singular that a disease confined to the female system and to the sexual organs should be of a contagious character, as it certainly is contagious? I have often asked myself whether or not it was specific, since all other contagious diseases are specific. They very rarely occur more than once in the same individual; and the question has addressed itself to my mind very frequently, do women who have puerperal fever once ever have it again? or, in other words, does an attack of puerperal fever give comparative immunity from its influences? And this point it would be worthy the time and trouble of this bureau to settle, by collating statistics from all sources.

I have had but very few cases of puerperal fever to treat, and those few were generally fatal. I have nothing to say on the subject of treatment, except that I differ with Dr. Sanders as to his views of the importance of restoring the lochia and milk in these cases. My old friend and former partner, Dr. Davis, of Natchez, who is one of the most skillful of physicians, was very successful in the treatment of puerperal fever. He gave *Aconite*, *Belladonna* and *Bryonia*, each of the first dilution, in rotation every half hour, with applications to the abdomen of hot water and turpentine.

Henry Noah Martin, M. D., Philadelphia: I claim to be a Homœopathic physician, and, as a general thing, I neither use nor approve of the use of external applications or other adjuvants; but I am free to confess that if I stood before an apparently hopeless case, such as Dr. Morse described, and other means had failed, I would do just as he did, and use anything that offered any hope of benefitting my patient. I believe I have never had a case of true puerperal fever; certainly none like the rapidly fatal cases here described. I have had cases of fever after confinement, but not of the character described by the gentlemen of this bureau, nor such as I have read of in the books. My impression is that women suffer sometimes, and have fevers, because they are not sufficiently nourished immediately after confinement. I do not hesitate to feed them well, if I find that everything is going on properly. If they feel comfortable after the baby is born, they generally get hungry almost at once, and I usually allow them a chop and some bread and butter, and tea or cocoa, and let them go on from that time taking proper nourishment. It seems to me, both in theory and in experience, that the old-fashioned plan of half starvation, of giving slop victuals, is wrong in principle and practice; at any rate I have not followed it, and on the contrary have my patients well fed. I am not in favor of the bandage at all, except in a few instances; and I believe that much harm is ordinarily done by its use, such, for instance, as the indications of, or perhaps the liability to puerperal fever; and if it is used, the physician should himself apply it, and always see to it afterwards that it occupies the proper place. Do not permit the nurse to put on the bandage, and do not take her word for it afterwards that it is all right. I never use stimulants for puerperal women. Milk is a favorite article of diet for the sick with me. I allow my fever patients to drink as much of it as they may wish, fresh and cold. I have never seen diarrhœa result from its employment.

George W. Swazey, M. D., Springfield, Mass.: Some one has spoken of our meeting this afternoon as an experience meeting, and I acknowledge that it has been refreshing to me. But I wish to speak as to my inexperience with puerperal fever, as it has been my good fortune to not see such cases as have been described; and I am inclined to attribute this, in part at least, to the watchful care I have for the pregnant woman, and the confidence I try to inspire her with. As to alcohol, I will just say that I am not opposed to its use therapeutically, and do find use for it quite often. I am much pleased with the gen-

erally liberal tone of the remarks on this subject. I must remark, however, that although we are assembled here as Homœopathic physicians, I have heard in the discussions very little of Homœopathy. We have talked about infectiousness, and adjuvants, and alcohol, but not a word about the Homœopathic treatment of this dire malady. I must say, however, that I am not sorry to notice it. It shows how elastic our profession may and should be under certain circumstances. It shows that we are imbued with the sense of responsibility to our patients; that our best efforts are for them, and that we are willing to do anything that will be of benefit to them. And in listening to those gentlemen who speak as though they had for themselves narrowed down their method of treatment to a single plan, and who would like to so narrow it for others also, I cannot help the feeling that they have not done their whole duty to their patients and themselves; that they have not been equal to the emergencies in which they were placed.

If I am not mistaken, I heard Dr. Sanders say that under certain circumstances he would not allow a patient a drop of water, no matter how great the importunity. I wish merely to say, that the whole experience of my life is just in the opposite direction, i. e., that there is no circumstance that contra-indicates the use of water.

CHICAGO.

R. LUDLAM.

Children's Diseases.

CONGENITAL MALFORMATION OF THE ŒSOPHAGUS.

The following very rare and anomalous case, which recently occurred in my practice, may interest some of your readers:

February 28th.—Was called at 1 A. M., to visit Mrs. H., found her in labor with second child. Upon inquiry ascertained that two or three weeks were required to complete the period of gestation. At 5 A. M. she was delivered of a medium sized, well nourished, male child, apparently well in every particular. In about half an hour, my attention was called, by the nurse, to the child, which I found cyanosed and respiration almost completely suspended. By the usual manipulation in asphyxia of the new-born, considerable mucus was discharged from the mouth and nose, and respiration re-established. The skin regained its normal hue, and for a time we were relieved of all anxiety. In about one hour a similar attack occurred, though not so violent as the first. The same means were resorted to with like results. Supposing the

attacks of asphyxia to be produced by the accumulation of mucus in the trachea and bronchi, and thinking the cause removed I left, ordering the babe placed to the breast in a few hours. I was sent for at 2 A. M. next morning to visit the child, the messenger saying it had spasms. On my arrival found it having paroxysms of strangulation similar to the ones I had witnessed, and upon investigation found they were reproduced by every attempt at nursing. Apprehending some malformation of the pharynx or œsophagus I made several unsuccessful efforts to introduce a bougie, explained to the friends the nature of the difficulty, and the impossibility of affording any relief. Death relieved the little sufferer at 10 A. M., March 4th, having lived four days and five hours.

I made an autopsy (assisted by Dr. H. R. Holman,) at 3 P. M. same day, and found an entire arrest of development of the œsophagus, it having terminated at the bifurcation of the trachea in a blind pouch or cul-de-sac, being one and one-fourth of an inch in length. The cardiac portion of the œsophagus extended about two inches above the stomach, was very small and terminated in an occlusion. I have the specimen preserved.

The mother is twenty-seven years of age, has been in delicate health for several years. The labor was accompanied by an excessive amount of liquor amnii, and exceeding toughness of the membrane, (requiring several attempts with the fingers to rupture). I understand one of our Allopathic physicians considers it a lamentable occurrence, that such a rare and interesting case should come under the observations of a Homœopath.

J. M. WALKER.

DENVER, Col.

Surgical Department.

SOME SURGICAL NOTES.

FROM PROFESSOR NUSSBAUM'S CLINIC, MUNICH.

[Continued from page 323.]

XIX. Hæmorrhoidal tumors at the anus — termed piles in common language — are better treated with *Ferrum candens* (hot iron) than with the Ecraseur of Chassaignac, which is rather more painful here than the red-hot iron. Only where there is a prolapsus ani with quite a circle of hæmorrhoidal tumors or knots around the anus, the Ecraseur

may be preferred. However, the whole of the circle is never to be extirpated, but some small segment of one-eighth to one-sixth is to be spared by all means, else the contraction of the sphincter muscle becomes too intense. The patients are in a worse condition then, than they were before the operation, being almost unable to pass their excrements — every eight days or so — which accumulate in large quantities sometimes, in the rectum, extending it like a big sac, while the opening remains by far too small. This error is a very bad mistake yet in textbooks on surgery, and it has not been corrected up to this moment. Professor Nussbaum himself performed one such an operation according to the book of Chassaignac with the above mentioned mischievous result. (Therefore, lookout for that, ye who operate in such cases!!!)

XX. Brisement force, or forced breaking of bones, can never be performed any more after the 7th ~~of the~~ month, dating from the injury, because after that period the permanent callus is produced in contradistinction from the first or provisional one, the former getting as hard as ivory. Likewise, a joint, which was in a state of ankylosis for several years, never ought to be broken forcibly, because there is too much resistance to be overcome, and the new fracture is apt to occur on the wrong spot.

Whenever a forced breaking is attempted later than seven months, some operation is to be effected previously at the bone by means of a gimblet and saw. By a gimblet a hole is put through the centre of the bone, whereupon a pointed saw, no wider than the gimblet, is to be carried into the opening and the hole widened by sawing right and left to within a small bridge of the bone, left standing on each side. About six weeks afterwards, when the external wound is healed up, the forced breaking may be effected. A chisel is preferable to a gimblet, the former being driven into the substance of the bone with about a hundred strokes, until it sticks fast, when it is removed. This process weakens the bone as much as the operation of the gimblet, by which in America several little holes are made instead of one, in the manner described, in Germany. The inflammation following thereupon acts as softening on the osseous substance, thus preparing the way for forced breaking.

XXI. Incomplete reunion of fractured parts of bones is sometimes occasioned by portions of a muscular or tendinous substance, fascia, etc., being taken into the formation of the callus. Besides a pseudoarthrosis or false joint, there is also a union of fractured parts by means of connective tissue, which is a very disagreeable termination of a fracture. The bone seems to be united in a solid manner, but it is only seeming. The so connected bone cannot bear any stronger exertion or straining without breaking again.

XXII. Cysts of a rather large size have a tendency, when operated upon, to pass into gangrene, involving pyæmia or septicæmia. In like manner, a hæmorrhage is apt to occur from a cessation of the pressure of the liquid contents of the cysts, whenever the "vis a tergo" is removed. For that reason, drainage tubes in such instances, are to be

closed by strong ligatures, where they touch the skin, for at least one or two days, until such a danger is surely averted. But also gangrene is not a very rare occurrence in such operations with fatal termination.

XXIII. In any operation performed on the abdomen or sexual organs, each time the catheter is to be applied, in order to examine and empty the bladder previously, which may be filled with urine and consequently paralyzed, looking like a cyst of the ovary, then. Professor Nussbaum had quite a narrow escape from such a careless performance once, where he would have exposed himself to *immortal blame*, as he expressed himself.

At the first pressure outside on the region of the bladder only a spoonful of urine would escape, while after a repeated pressure with force a very large quantity was voided.

XXIV. Ligatures after operations must be applied whenever the blood is actually flowing, because the bleeding is apt to increase as soon as the narcosis is over and the reaction of the heart begins. It is always proper to operate on suspicious tumors, before a person becomes decrepit and marastic, when the chances of success grow so much poorer.

XXV. Injuries of the skull may be exceedingly severe, even a fissure or hernia, with protrusion of the brain itself and looking like an extravasation of blood, may exist without the mental faculties or power of motion being disturbed in the least. For instance, a brewer's help, in Munich, happened to fall down into a cellar hole at a depth of thirty feet, whereby the cranium was fractured at the top, the substance of the brain protruding and looking like an extravasation covered by the skin. He kept on working for one hour longer and walked afterward half a mile to the hospital, when half an hour later he was a corpse. Therefore it is sometimes very difficult to determine in criminal cases, which one of several combatants inflicted the fatal blow, as not always the very severest blow would induce a loss of consciousness and of motion directly afterward.

XXVI. If in a commotion of the cranium a bloody serous liquid oozes out of the nose or ear soon after the injury, then it is a sure sign of a fissure of the base of the skull. There is more probability of a fissure at the basis cranii, if consciousness exists after a violent traumatic action, than if it does not. In the former case, the force is spent in the skull itself, while in the latter in the very substance of the brain, when all sensitiveness is suspended.

J. B. BRAUN.

SHEBOYGAN, Wis.

Medico-Legal Department.

THE HOMŒOPATHIC MEDICAL COLLEGE OF THE MICHIGAN UNIVERSITY.

The following from the *Detroit Post* shows that the Michigan Homœopathic Medical College is an established fact :

The board of Regent held a meeting last evening, (May 12th,) in the president's room at the university at Ann Arbor. There were present, President Angell, Regents Gilbert, Estabrook, Grant, Rynd, Walker, and Climie. There were also a number of dentists and Homœopathic physicians in attendance from different parts of the state to look after the interests of those schools. The president stated the object of the meeting to be the disposal of the trusts placed to the credit of the board by the legislature.

THE MEDICAL DEPARTMENT.

Regent Rynd, from the committee on the medical department, reported on the subject of extending the requirements in the medical department, as requested by a resolution passed at the March meeting. He said the committee had had the subject under advisement, and found that the standard is already higher than in other medical schools. A larger per cent of students are rejected on final examination than in any other school with which the committee was acquainted.

HOMŒOPATHY.

Regent Rynd then introduced the subject for which the board was called to hold a special session, the disposal of the six thousand dollars per annum appropriated by the legislature for the establishment of a Homœopathic college in connection with the university. After some preliminary remarks, in which he deprecated the spirit in which such proposal has heretofore been met, he read the report of the committee, as follows :

WHEREAS, The legislature of the state of Michigan has appropriated six thousand dollars per annum, for the purpose of establishing a Homœopathic Medical College as a branch or department of the university the board of Regents of said university do therefore

Resolved, That a Homœopathic Medical College be established in the city of Ann Arbor.

Resolved, That two professors be appointed, who shall be designated respectively Professor of Materia Medica and Therapeutics, and Professor of the Theory and Practice of Medicine.

Resolved, That all students entering such college shall record their names with the secretary of the university under the designation of students of the Homœopathic Medical College of the University, and shall be so registered in the catalogue, shall pay the same fees, be subject to the same regulations which are now in force, or which may be hereafter established for the government of the medical department.

Resolved, That the students entering the Homœopathic Medical College shall receive instruction in the now existing medical department in all branches not provided for by the chairs established above (including practical anatomy). They shall be entitled to all the privileges accorded to students in the medical department, and shall conform to all the requirements of said medical department so far as they apply to all branches in which such students shall receive instruction in the now existing department.

Resolved, That as far as possible lectures shall be given to such students by the Homœopathic medical professors at the hours which may be occupied by professors holding corresponding chairs in the existing medical department, and at any other time which may be determined by such Homœopathic professors, provided always that such students are not engaged in the legitimate performance of duty in the now existing medical department.

Resolved, That the same conditions shall be applied to their matriculation, time of study, and graduation as now exist, or may hereafter be fixed in the medical department of the university, and it shall be the duty of the president to satisfy himself that such conditions are duly enforced in both departments.

Resolved, That each professor in both departments shall, upon the completion of the required course of study, and upon the student's giving the necessary evidence of professional scholarship, furnish such student with a certificate to that effect. The deans of the respective Faculties shall report to the president, who shall present such reports to the board of Regents.

Resolved, That all persons graduating from the Homœopathic College shall be furnished with diploma so designated.

Resolved, That after the coming university commencement all diplomas in every department of the university shall be signed by the president and secretary, and have the corporate seal of the university attached.

Dr. A. I. Sawyer, of Monroe, being invited to express the sentiments of Homœopathic physicians in reference to the proposed college, said that he did not see how the matter could be in any way better arranged than in the plan suggested by the committee. He expressed himself highly gratified with the spirit and substance of the report, and he apprehended no trouble in carrying it out.

Regent Rynd said he had taken pains to inquire the opinions of leading Homœopathic practitioners throughout the state, and he found them averse to appointing a separate professorship in any branch where the two schools of medicine were in accord. In behalf of the

committee he said it was anxious to settle the question fairly and for all time. He hoped and believed that the two colleges could pursue their respective courses side by side, and in harmony. To that end he appealed to the friends of the proposed college to select the very best men they could find.

Dr. Mechem, of Ann Arbor, in behalf of the Homœopathic physicians, said he felt safe in saying that they would accept the proposal in good faith, and in the spirit in which it was offered.

Dr. Ellis, of Detroit, said he thought the report in its present shape would not be the best solution of the difficulty, nor entirely satisfactory. He thought there was a wide divergence between the two schools in the practice of surgery and in the diseases of woman and children. With such a liberal appropriation as six thousand dollars a year, he thought it was practicable to give instruction in everything pertaining to Homœopathic treatment. Two chairs alone were not enough. This mere Homœopathic handle to an Allopathic jug would not attract Homœopathic students to any great extent.

There will probably be an additional fund of about three thousand dollars from students, enough to warrant another professorship. He also objected to the proposed manner in which the Homœopathic students' diplomas were to be signed.

Regent Climie called attention to the fact that there would be a good many other expenses besides the salaries of professors to be paid out of the six thousand dollars, such as rent of hall in which the lectures are to be given, suitable apparatus, etc. He thought it would not be advisable for the board to employ more than two Homœopathic professors, with the present appropriation.

Regent Rynd said it would be inexpedient to give the proposed Homœopathic lectures in the present medical building. Friction between students of the two schools, or all possible occasion for friction, must be guarded against.

Dr. Woodruff, of Detroit, thought the same lecture-room might be used at different hours by the different classes without any danger of friction.

After some further interchange of opinions the subject was dropped without definite action.

WEDNESDAY MORNING SESSION.

The board was called to order at 8:30 o'clock by the president, the first thing in order being the report of the committee on medical department regarding the Homœopathic College.

The report as submitted last evening, as reported above, was accepted and adopted, with no change.

HOSPITAL.

The legislature of the state of Michigan has donated to the university the sum of eight thousand dollars for a hospital building conditioned upon the payment to the treasurer of the university of four thousand dollars by the city of Ann Arbor for the same purpose.

The medical faculty were requested to furnish the secretary with

plans, on the pavillion system, for the erection of hospital buildings at a cost of not more than seven thousand dollars, said plans to be furnished for the June meeting of the board, and to provide for at least two buildings and clinical lecture-room.

The proposed Homœopathic college, the hospital, and the dental school, were placed under the care of the committee on medical department.

FOR LECTURES NEXT WINTER.

The committee on buildings and the secretary were instructed to make the necessary arrangements for the furnishing of a lecture-room for the use of the Homœopathic and Dental Colleges.

Regent Rynd reported the following which was adopted :

Resolved, That the committee on buildings and the secretary be instructed to prepare plans and submit the probable expense at the June meeting, of arranging the house now occupied by Professor Merriman for Homœopathic and Dental lectures, and that Professor Merriman be so notified.

[The two professors will no doubt be appointed at the June meeting of the board, and as Regent Rynd suggests, they should be "the very best men to be found." With six months before them, two professors can go over most of the materia medica and therapeutics and practical medicine including surgical diseases and diseases of women and children. If the Homœopathic and Allopathic professors work in harmony a valuable course of lectures may be given. Much of the success of this school will depend upon the men selected.]

VIEWS OF THE REGENTS.

DEAR SIR: * * * * I have the fullest confidence in the purity and good faith of the board of Regents, and feel satisfied that they will do what they think wisest and best, in view of all interests. We are anxious to so manage the affairs of the university, as to secure the confidence and support of our people, and not only of our people, but of the friends of an enlightened culture and a liberal education, who may reside in other states or countries. There is no reason why the University of Michigan may not be an institution in which *universal* information shall be communicated, and to which our citizens can look with just pride, not only because of the magnitude of its operations, but also the extent of its usefulness. The authorities have no desire to manage its affairs in the interest of any sect, party, or school. "Equal and exact justice to all" will recommend itself to that public from whom all strength and support comes, in this, as in other departments of public duty.

We are glad to find you in accord with the board on the "two chair" plan. The Regents cannot, of course, entertain the idea for a moment of duplicating chairs at the public expense for the giving of instruction on subjects where all medical sects entertain identical or similar opin-

ions. There are certain sciences which may be said to be fundamental in their nature—anatomy, physiology, chemistry. The distinctive chairs we desire to have occupied by the best men who can be possibly secured.

You will pardon me for giving you briefly the history of our present or existing medical work. Our professors formerly had one thousand dollars per annum. This was subsequently raised to thirteen hundred dollars, and it was not contemplated by the board to pay more than this amount for the six months' lecture course. When females were admitted it was thought that there would be some indelicacy in giving instruction in some branches to large mixed classes. The professors, in view of this, and also of the increased work of giving "sectional" instruction to classes of from three hundred and fifty to five hundred students were allowed one thousand eight hundred dollars per annum for all services. This is the amount now being paid. I have no doubt but the same amount will be paid to the Homœopathic professors who may be appointed, although their duties will be much less, in all probability. We cannot, of course, pay more; we have no desire to pay less. I am speaking, in this matter, for myself, but think I fairly represent the feelings of the board.

Your students will have every privilege which our students enjoy. The increased expense will probably be, in the dissecting room alone, one thousand dollars extra, as we shall require at least one assistant more than we now employ. We shall probably spend about one thousand dollars in fitting up a first-class lecture-room for your people on the campus. In a word, we do not mean that you shall have any cause of complaint. You are at liberty to convey the information herewith conveyed, to your people at your meeting.

Asking your hearty co-operation, and assuring you of kind regards,
I am, etc.,

C. RYND.

P. S.—One of the conditions now imposed on all our professors is a residence in Ann Arbor, thus securing more thorough identity with college work, and a more definite interest in the university, as a whole.

ADRIAN, Mich., May 17.

C. R.

To T. F. Pomeroy, M. D.

THE MICHIGAN HOMŒOPATHIC COLLEGE BILL.

HOW IT WAS CARRIED.

This bill appropriates six thousand dollars a year for the next two years. Of course that leaves the question at the end of that time, when we will have a new legislature, and judging from past experience we shall find more and more friends at each succeeding session. The battle this year was between an outside college and that at Ann Arbor. By supplying both houses and lobby with some documents of the past on that subject, and placing a petition signed by eight Homœopathic physicians of Detroit, and some from other places, in the hands of Hon.

Cleveland Hunt, of this city, and by the presence of Dr. A. J. Sawyer, of Monroe, and Dr. Bancroft, of Lansing, on the field of battle, we carried all before us, which of course we don't brag about for we were in the *right*.

But we are under great obligations to Mr. Hunt for the skill he manifested in the management of the case; holding back our petition until the time for the vote to be taken on the amendment changing the location to Ann Arbor. After a very effective speech, he sent up the petition and had it read by the clerk and then requested the names of the Detroit physicians read. Previous to this he scored Dr. Ellis' college, fairly exposing it. Dr. Ellis was there with his friends at work, but it was no go. He remarked to me that, "If it had not been for your petition and remonstrance to my college and the presence of Dr. Sawyer, I would have gone through well enough, but that paper of yours knocked the *bottom out* of my plans."

Our present legislature has been very independent toward the Regents of the university and favorable toward us, and this fact greatly annoyed Dr. Ellis in his Detroit college scheme, and had not we (I might say I, for nothing was done until I took hold and brought these doctors into the harness,) started up at the "eleventh hour." Ellis now would be glorying in a six thousand dollar appropriation to pocket for a few weeks talk, and the Regents would have found themselves in a terrible dilemma as to whether to recognize or reject a branch college to the university.

But all is well that ends well. I am trying my best to get a peace established so far as the general good of Homœopathy is concerned, at least.

We shall determine what course to pursue with the Regents at our meeting in May, in regard to the practical working of the Homœopathic department of the university.

F. WOODRUFF.

DETROIT, Mich., April 28.

Society Proceedings.

PACIFIC HOMŒOPATHIC MEDICAL SOCIETY.

The semi-annual meeting of the Pacific Homœopathic Medical Society was held in San Francisco, May 5th, at 10 A. M. The president, Dr. J. J. Cushing, was in the chair, and after the reading of the records of the last meeting, Drs. L. E. Cross, of Stockton, A. Liliencrantz, of Oakland, and W. A. Hughson, of Sacramento, being recommended by the censors, were duly elected members of the society. After some

matters of business were attended to, the society listened to an address from the president. He thought the society had done well in purifying itself and in the course it had pursued concerning quacks, pretenders, and those who were only a disgrace to the cause of Homœopathy, and he was glad such a firm stand had been taken by this society. He could look with pleasure upon the growth of Homœopathy on this coast during the past twenty-four and a half years he had been in practice here, but he had had to fight, and although the new-comers would not have so much opposition, still they ought to fight for further advancement, to make it not only popular, but respectable. He thought this might almost be considered his valedictory as he is about retiring from active practice.

CLINICAL.

Dr. J. M. Selfridge, of Oakland, read a report of a severe and long-standing case of hæmorrhoids cured with *Æsculus hippocastanum*.

Dr. Cushing was pleased with the report, because it was a record of a cure with a single remedy.

Dr. Geary had used *Æsculus* with great benefit, but in cases of acute bleeding piles he has used *Hamamelis virg.* In cases of great inflammation and bleeding he advises the use of hot fomentations, with cold water after stool.

Dr. Selfridge remarked that one reason he had for the choice of the remedy was, that the patient felt as if the gut were turned inside out. Those who have lived in regions where the "buckeye" grows, often see the cattle which eat it, with the gut protruding.

Dr. G. M. Pease, of San Francisco, read a paper upon

OVARIAN DISEASES,

in which he had more particular reference to tumors of the ovary, and the methods of operating upon them.

Dr. Selfridge thought Dr. Pease was a little too sweeping in his statement that unless the resulting pus of an ovarian abscess was discharged through the Fallopian tubes and so find its way out, that death would be the result, as he had seen a case in which adhesion had occurred at the sigmoid flexure and the discharge had made its exit through the bowels. He related a case which had been pronounced ovarian tumor by an Allopathic physician, and an operation solicited, but upon examination he decided it to be pregnancy, which diagnosis was afterward found to be correct, and the patient was glad she changed physicians.

Dr. Pease in answer to Dr. Selfridge said that in preparing his paper he had found so much ground necessary to be gone over that he had mentioned only the more common way of exit for the pus.

Dr. Eckel thought the writer was a little old-fashioned in retaining the use of the term *hydatis*, as it was more properly known now as *polypus*.

At this point the meeting was adjourned until evening, when discussion was resumed upon the last paper.

Dr. Geary asked for a more explicit description of the method of treating the pedicle as referred to in the paper.

Dr. Pease explained as requested, giving his reasons for preferring the silk worm gut as a ligature in preference to using a clamp. The clamp he considered a barbarous instrument being a weight upon the sensitive abdomen altogether useless. The silk-worm gut being of animal tissue would not act as a foreign substance but be readily absorbed.

Dr. Selfridge remarked that in the early history of this country, many a Mexican had seemed to thrive after the use of common silk as ligatures in abdominal injuries.

Dr. A. Liliencrantz presented a very interesting and instructive paper upon the use of

ARTIFICIAL AIDS IN LABOR.

Dr. Selfridge judged from the paper of Dr. L. that he did not always call counsel in cases of forceps delivery. He did not often do it himself, as he thought the dread of consultation and the idea of help being needed only made the patient more uneasy and unnecessarily alarmed her. He is in the habit of giving *Ether* in instrumental labor, and uses *Ether* because *Chloroform* is not always safe. [Has never seen any bad results from the use of *Ether* while he came near having a bad result from *Chloroform*. He prefers an anæsthetic because the parts are relaxed and the forceps are more easily applied.

Dr. Pease alluded to the accidents that might arise from the use of a mixture of *Ether* and *Chloroform*.

Dr. Cross had never seen bad results from using *Chloroform*.

Dr. Ingerson spoke of the occasional necessity for the use of *Chloroform* or at least a mixture of it with *Ether* instead of *Ether* alone.

Dr. Eckel said that in Austria there was a law forbidding the use of pure *Chloroform*.

Some rather desultory remarks followed upon the merits of the different anæsthetics.

Dr. Geary has rarely used the forceps, though he has had some "slow cases."

Dr. H. Knapp, of San Francisco, read a record of a case of

ACCIDENTAL PROVING OF PODOPHYLLIN,

in which he noted the following symptoms as not recorded in other provings, viz: A very sweet taste in the mouth, everything taken tasting sweet; a peculiar eruption on the skin, being in appearance like "hives" which appeared after scratching which was provoked by intolerable itching; also, the symptom of extreme tenderness of the right ovary. A peculiarity noticed was the abatement of the worst symptoms on the third day, and a severe aggravation on the morning of the fourth day.

OTHER REPORTS.

Dr. Selfridge presented a paper upon "Fracture of the Clavicle and its Treatment," with an illustration upon one of the members of an appliance of his own invention, which seemed superior to all others in use.

Dr. J. F. Geary presented a paper on "Change of Climate for the Sick."

On recommendation of the censors Drs. Clinton Musen, of Gilroy, and I. E. Nicholson, of Oakland, were balloted for and elected to membership.

On motion it was voted that the secretary have permission to publish the proceedings of the society, after which the meeting was adjourned.

G. M. PEASE, Gen. Secy.

CALIFORNIA HOMŒOPATHIC MEDICAL SOCIETY.

The California State Medical Society of Homœopathic Practitioners met in San Francisco, April 14th.

The president, Dr. C. W. Breyfogle, of San Jose, occupied the chair. Drs. Breyfogle, Coxhead, Floto, Hiller, Jr., Griswold, Fraser, Porter, Worth, and Thiese, were present. J. Murry Moore, M. D., graduate of the College of Surgeons of London, 1865, also of Edinburgh University, Scotland, 1867; and E. S. Breyfogle, M. D., graduate of the Hahnemann Medical College of Philadelphia, 1875, were admitted as members. E. W. Charles, M. D., graduate of the St. Louis Medical College, 1865, and E. P. M. Hurlburt, graduate of the Buffalo Medical College, were proposed as members.

Dr. S. Worth read a paper on the "Pathology of Typhoid Fever."

Dr. E. J. Fraser, chairman of the committee on anatomy and surgery, presented a paper on "The Pathology and Treatment of Ingrowing Toe-nails," which excited a good deal of friendly discussion.

Dr. Breyfogle mentioned an anomolous case where death had occurred suddenly, six days after taking a large dose of *Turpentine*, and in which case a post-mortem was refused. He asked the opinion of the members as to the cause of the death.

It was almost the the unanimous opinion of those present that it had been caused by the *Turpentine* producing inflammation, ulceration, and perforation of the intestines. Some of the members believed that there must have been occult disease precedent to the administration of the *Turpentine*. Others thought the *Turpentine* capable of inducing in a sensitive constitution the requisite inflammatory action.

SECOND DAY.

The president, Dr. Breyfogle, occupied the chair.

The board of censors reported E. W. Charles, M. D., of Santa Rosa, and E. P. M. Hurlburt, of San Jose, eligible as candidates for membership. They were unanimously elected.

Dr. Griswold read a paper entitled, "Jaundice, *alias* Biliousness," alluding to the causes of the former, protesting against the indefinite use of the term "biliousness" among professional men, arguing that it should be used almost synonymously with and cover the same condition as the word "jaundice."

The paper was fully discussed by Drs. Fraser, Hurlburt, Moore, and Breyfogle. The merits of *Chelidonium* in biliary diseases were discussed and notes compared as to the efficacy by Drs. Moore, Breyfogle, Fraser, and Theies.

Dr. S. Worth raised the question of the utility of cold water applications in typhoid fever, and this matter was discussed at length by Drs. Hiller, Moore, Kirkpatrick, Griswold, and Theies. It was argued that water in different temperatures was exceedingly useful in correspondingly different conditions, but that it must be applied with sole reference to present conditions and never used at random. It could do great damage if improperly used.

The society proceeded to the election of officers for the ensuing year. The election resulted in the choice of C. W. Breyfogle, president; J. Murry Moore, first vice-president; A. A. Theies, second vice-president; W. A. Griswold, recording secretary; E. J. Fraser, corresponding secretary; F. Hiller, treasurer; T. C. Coxhead, S. Porter, and Sidney Worth, censors.

The president then delivered his annual address. He spoke of the isolated condition of the profession on this coast, and referred to the advantages and disadvantages incident to this condition, and the duties of the members of the California State Medical Homœopathic Society arising therefrom. He spoke of the wide field for organized research and investigation, and urged the members to prepare themselves by organization to enter upon it and develop its resources.

THE NEBRASKA STATE HOMŒOPATHIC MEDICAL ASSOCIATION.

This Society convened at the residence of Dr. A. C. Cowperthwait, in Nebraska City, May 18th, 1875.

Dr. E. Lewis, vice-president, in the chair.

After the transaction of miscellaneous business, Dr. Lewis delivered the annual address which was attentively received.

Dr. A. C. Cowperthwait read a paper upon "The Study of Mind."

Dr. H. S. Knowles read a paper on "Cerebro Spinal Meningitis," followed by one on the same subject from Dr. L. J. Bumstead.

These papers were all of a very interesting character, and several hours were spent in a discussion upon them. This was followed by the transaction of miscellaneous business, after which the following were elected

OFFICERS.

President—Dr. O. S. Wood, Omaha.

Vice-Presidents—Dr. W. D. Stillman, Council Bluffs; Dr. H. S. Knowles, Avoca.

Secretary—Dr. A. C. Cowperthwait, Nebraska City.

Provisional Secretary—Dr. L. J. Bumstead, Lincoln.

Treasurer — Dr. Emlen Lewis, Omaha.

Board of Censors — Drs. H. S. Knowles, L. Walker, W. D. Stillman, L. J. Bumstead, A. M. Smith.

Executive Committee — Drs. O. S. Wood, E. Lewis, W. D. Stillman,

Finance Committee — A. M. Smith, H. S. Knowles, D. H. W. Carley.

Publication Committee — A. C. Cowperthwait, L. J. Bumstead, L. Walker.

Legislative Committee — A. C. Cowperthwait, L. J. Bumstead, E. Lewis.

MEDICAL COMMITTEES.

Obstetrics — Drs. E. Lewis, J. H. Way, Miss L. A. Robinson.

Materia Medica — A. C. Cowperthwait, H. S. Knowles, W. A. Burr.

Clinical Medicine — L. J. Bumstead, W. D. Stillman, A. S. Wright.

Surgery — O. S. Wood, D. H. W. Carley, A. C. Cowperthwait.

Hygiene — H. S. Knowles, A. M. Smith, E. T. M. Hurlbut.

The following committee was appointed to act in conjunction with other committees of other states, (if necessary,) in the World's Homœopathic Convention, and to represent this association in that great gathering: A. C. Cowperthwait, O. S. Wood, A. M. Smith, E. Lewis, L. J. Bumstead.

Delegates to American Institute of Homœopathy — O. S. Wood, H. S. Knowles.

Delegates to Western Academy of Homœopathy — A. C. Cowperthwait, H. S. Knowles, E. Lewis.

After a lengthy discussion on clinical cases the society adjourned to meet in Omaha on the third Tuesday in May, 1876.

A. C. COWPERTHWAIT, Secy.

THE MONTGOMERY COUNTY, (O.) HOMŒOPATHIC MEDICAL SOCIETY.

This society held its regular semi-annual session at the Beckel House, Dayton, Ohio, on Thursday, May 5th. The meeting was called to order by the president, Dr. J. E. Lewis, of Dayton. The inaugural address was on the "State Board of Health." The members discussed the subject with earnestness, showing that they are fully alive to the attempted outrage on the Homœopathic ranks. A committee on legislation was appointed to attend to the aforesaid bill next winter. Several new members were admitted. A number of papers were read and thoroughly discussed. All the members were pleased with the meeting and some expressed themselves as being better and livelier than some state meetings. All it requires to make a good profitable meeting is for every member to go up with something good. Dr. F. M. Thomas, of Dayton, is secretary.

Medical News.

Dr. I. T. Talbot, of Boston, Mass., will sail from New York City, June 5th, on the City of Chester, for a few months' vacation in Europe.

Dr. R. B. Bush, of Salem, Ohio, expects to sail for Europe soon after the meeting of the American Institute.

Removals.

Dr. G. W. Bruington, from Wataga, Ill., to Atlanta, Iowa.

Dr. J. D. Dickinson is Dr. B.'s successor at Wataga.

Dr. Edward Cranch, from New York Homœopathic Hospital, to Erie, Pa., succeeding Dr. R. Faulkner, who has gone to Denver, Col.

Dr. J. R. Pirtle, from Paducah, to Louisville, Ky.

Dr. Geo. H. Clark, from Paw Paw, to Ann Arbor, Mich.

Dr. J. Murry Moore has opened an office at No. 410 Kearny street, San Francisco, Cal.

Dr. F. A. Benham, from Bronson, Mich., to Angola, Ind.

Dr. F. A. Benham, Jr., takes the office and practice of his father at Bronson.

Dr. C. B. Gatchell, from Kenosha, Wis., to No. 351 Thirty-first street, Chicago.

Dr. E. A. Ballard, from No. 236 Thirty-first street, to No. 1169 Michigan avenue, Chicago.

Died.—At Gilroy, Cal., May 4th, Preston P. Hoffman, M. D., son of Dr. J. A. Hoffman, Mendota, Ill., of consumption. Aged twenty-nine years one month and four days. Dr. Hoffman was a graduate of the Missouri Medical College. A noble young man cut off in his early manhood.

Editor UNITED STATES MEDICAL INVESTIGATOR: Please correct mistake made in your last issue regarding the time of meeting of the Western Academy of Homœopathy. The Academy meets at Davenport, Iowa, the first Tuesday in October (October 5th), and not October 19th, as stated in THE INVESTIGATOR of May 1st.

ST. LOUIS, May 10.

J. MARTINE KERSHAW Gen'l Secy.

Amphion, near evian, Haute Savoie, on the Lake of Geneva, is the title of a little pamphlet sent us by Dr. F. A. Clark, of Cannes, setting forth the merits of Amphion as a health resort. Its mineral waters and location make it a famous watering-place. Friends sending patients to Europe should remember Switzerland, Amphion, and Dr. Clark.

The Advance has a grey (very fashionable) cover and tinted paper, (*bon ton* you know), takes on airs and dares any journal to "swallow it up." Is this "brushing up" in anticipation of an absorbing event *Miss Advance*? Bring along the *Reporter* and *Observer* to **THE INVESTIGATOR**. What a medical journal us (U. S.) would then be! Could then send out an enormous weekly cargo of medical matter for the benefit of the whole Homœopathic creation.

For the Benefit of Undergraduate Practitioners in Michican, their society makes provisions that those who desire to become members, Article V. of the Constitution makes ample provisions; and for the benefit of advanced medical students, Article VIII. of the By-Laws provides: "A License to practice Medicine and Surgery shall, by a vote of two-thirds of the members present, be granted to students of medicine, upon whom the Board of Censors shall report favorably in writing, and to their license shall be affixed the seal of the society and the names of the current officers, with the date of the meeting of the society when granted."

Society Announcements.

The Chicago Academy of Homœopathic Physicians and Surgeons meets every alternate Thursday evening, in the Tremont House.

The New York County Homœopathic Medical Society meets the second Wednesday evening of the month, in the Ophthalmic Hospital.

The Philadelphia Homœopathic Medical Society meets the second Thursday evening of the month, at the college.

The Hahnemann Academy meets on the fourth Wednesday Evening of each month, at the Ophthalmic Hospital Building, corner Twenty-third street and Third avenue, New York.

How to reach Put-in Bay.—T. C. Duncan, M. D.: In reply to your inquiry as to the manner in getting to Put-in Bay from Chicago, you can take the train in the evening, say Monday, reach here at 2:30 A. M. Tuesday and take the steamer M. R. Waite at 8 A. M. for the islands, reaching there at about 11:30 A. M., in time for business. I am very sorry that there has been some misunderstanding about the arrangements. I did not know who were the committee, and S. R. Beckwith, of Cincinnati, asked me to see the proprietor of the Put-in Bay House (the largest hotel) and ask him to accomodate us. I did so, and now find that the executive committee have put the day off until the 15th. The State Medical Society of the Old School had decided to hold their meeting on the 8th of June, and I saw one of the members of *their* executive committee, and they agreed to put off their meeting until the 15th. I wrote to McClatchey about it and he says he will not alter the date, so after all the two schools will meet at the same time as their circulars are all out now. If possible have ours adjourned until the 22d of June, as it will be very unpleasant to have the two schools meet together. The hotel accommodations are ample for either but there may be some difficulty if we are all there together. Either the 8th or 22d of June, as our circulars are not out, would be advisable.

TOLEDO, O.

S. S. LUNGREN.

[The 15th is the fixed date. We won't hurt the Allopaths. There is hotel room enough for all.—Ed.]

THE
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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CHEBANSE, May 8.—Doctors horses all getting fat. Nothing but a few cases of rotheln. During the past two weeks nearly everybody has had touches of neuralgia or rheumatism; seldom severe enough, however, to call a physician.
G. R. PARSONS.

DECORAH, Iowa, May 13.—Much pleased with the strictures of Dr. Gallinger, especially on membranous croup; quite agree with him on its scarcity. This spring we had a good deal of pleuro-pneumonia here. *Bryonia* and *Chelidonium* seemed to fulfill their mission. Like other places, we had an unusual share of throat troubles. *Merc. bij.* 3 I have found most generally indicated.
E. CARTWRIGHT.

HONOLULU, H. I., May 3.—The last month has been a busy one for me. Many children have had diarrhoea and colic, caused from eating green fruit, etc. The remedies used were *Coloc.*, *Puls.*, *Senna*, all in the 3d x.

Some few cases of dysentery with prolapsus recti, in which *Podo.* 4 acted almost like magic. Will try and report some special cases for next month if I am not too busy.
O. S. CUMMINGS.

SAN FRANCISCO, Cal., May 16.—Have been having to treat what would probably be called rotheln, certainly a very mild mixture of scarlet fever and measles. The exanthem was in each case very distinctly isolated, scarcely ever being confluent. Hooping cough cases have given me some bother, as in several I have not been able to get a good picture of the symptoms, and I don't have any luck in prescribing for a disease by name. For a day or two there has been a lull in business.

G. M. PEASE.

NEBRASKA CITY, May 22.—Very little sickness. What there is is mostly remittent fever, in which either *Nux*, *Bry.*, or *Pod.*, seem to answer all cases.

There seems to be a great desire on the part of some physicians to get up "something new." Dr. Boocock not only makes the ovary "jump," but cures *one hundred and fifty* cases of diphtheria (?) with *Merc cyan.* 3; and when he does get hold of a case of genuine diphtheria, gets up a new disease for the occasion and calls it "typhoid diphtheria." It would be well for our profession if some of us cared less for originality, and would be content to study the discoveries of others, that we might be better able to diagnose disease, etc., etc.

Yours, etc.,

A. C. COWPERTHWAIT.

N. B.—It is reported that young grasshoppers are dying off with *cholera infantum*, but I cannot vouch for the fact. If so, what is the remedy? or shall we let the poor things die?

A. C. C.

[Give them *Arsenic*, low.]

CHURCHTOWN, Pa., May 27.—Rheumatism is the prevailing disease. *Sang.* when confined to right arm. *Aconite* when affecting the entire body, with great fever. If accompanied with debility, *Arsenicum*.

Several cases of cholera infantum have fallen under my care; rather early, but genuine cases, violent vomiting and discharge from bowels. *Ipecac* 3.

May 22.—Jacob B., while tending horse received a kick on right side of face, fracturing *nasal bones*, with great laceration of soft parts; right eye contused, but not otherwise injured; remained unconscious from 9 P. M. till 1 A. M., then became delirious. Gave *Arnica* and *Bell.* tincture, every two hours internally.

23.—Rational; feverish, pulse full 120; considerable pain. Continue *Arnica* with *Aconite*.

24.—Greatly improved; little fever; sat up part of day.

25.—Fever gone; patient making a good recovery. *Arnica* twice a day.

C. H. GIBSON.

DENVER, Col., May 28.—Will THE UNITED STATES MEDICAL INVESTIGATOR allow a brief statement in reference to the health of this Territory, which by many is regarded as the sanatorium of our continent. Thousands come here from all parts of the country, some for pleasure, but more for health; but observation and experience have taught us the unwelcome lesson that even this healthy climate and pure atmosphere is not to be relied on in many of the advanced cases of lung disease. There are not near as many arrivals so far this sea-

son, of extremely bad cases as there have been for a few years past. The number of deaths that occurred in advanced cases of lung diseases has had the effect of making physicians more cautious in recommending their patients to go to Colorado. A residence in Denver for the past two years has convinced me, however, that for cases of nervous prostration, dyspepsia, and early stages of lung affections, and especially asthmatic affections, Colorado affords one of the best climates on this continent. My own experience is but one among thousands of cases of completely restored health. I came here two years ago with my nervous system almost broken down, suffering more especially from partial paralysis of my right arm, pain in the upper part of the spinal column, head drawn toward the right shoulder, and general prostration of my nervous system. But now I have not a remaining symptom of my old troubles. Without a pain or ache, or any apparent infirmity of advancing years, I can say my health is *perfect*. Past sixty-five years of age, I have none of the infirmities of old age to contend with.

A. MILLER.

BEARDSTOWN, Ill, May 20.—Few sick in this part of the State. Some cases of fever that are called typhoid pneumonia. Principal remedy, *Nymphæa odor*. I take the fruit, or nut, and make a tincture, and make my attenuation with two-thirds pure water and one-third alcohol.

Patient cured, married woman, thirty years old, taken with cough, with pain near the right breast; raised blood streaked with pus; breathing quick; one cheek red; tongue coated white, with red streak down the centre. Third day, better; seventh day, well. First two nights, delirious. Dose, teaspoonful every two hours, of the 1st attenuation. I give *Nymphæa* with good results in all pneumonias where the tongue has a red streak in the centre.

CURES MADE WITH SALIX NIGER.

Two children, one nine months, and the other two years; I saw them at noon. The baby had high fever, cheeks red, but around mouth and end of nose white, nose pinched; hard cough; child fretful. Gave *Salix nig.*, 1st attenuation, half-teaspoonful every hour.

Child two years old had fever, with cheeks red; face had red blotches on mouth; sore mouth, and tongue appeared soft and white. Gave *Salix niger*, teaspoonful every hour.

Second day found them better. Third day, the father came to my office and reported them well.

January, 1875.—A man near sixty suddenly starts and drops to the floor. When able to speak, said he felt as if his breath would leave him. In three days he was out, but felt weak. The next week he had a second attack. I was called, and gave him a tablespoonful of the 1st decimal attenuation of *Salix nig.* every hour for first day; for three days, same dose every four hours. Since that time his health has been good.

February, 1875.—I was called to see Mrs. —, about fifty years old. Said her breathing troubled her; could not sleep at night; was in fear

that if she slept her breath would leave her. Gave *Salix niger*; dose, tablespoonful every two hours. Next morning said she rested better. left her four ounces to take. Is well, and has been since that time.

J. S. WRIGHT.

WOULD NOT HAVE CURED.

On page 425 UNITED STATES MEDICAL INVESTIGATOR, Dr. Dodge propounds "*That Necessity*," from which it appears that he has been "endeavoring to," but does not illustrate, "in the cases mentioned as illustrations." But I see a good "reason" why "*Opium*" and "*Lachesis*" would not have cured the "two cases narrated, if any dependence is to be placed on the proving of those drugs." Did his reading of "so many novels" permit him to see himself as others see him, he would have spared himself the humiliation, and the public the "amusement" of thus advertising himself * * *

MACKINAW, Ill, May 26, 1875.

B. F. A. KUENY.

ACTION OF REMEDIES.

Are there such effects produced by medicines as are known by reaction and aggravation? is a question that, somewhat to my surprise, seems to be still agitating the minds of many in our profession. In Dr. Hempel's last work on the "Science of Homeopathy," he takes occasion to reiterate his earlier teaching, that such an effort was never observed. Dr. Murphy, of New Orleans, in a late issue of the *Ohio Medical and Surgical Reporter* scouts the idea of large doses of crude drugs developing the two opposing symptoms. It is a matter of surprise to me, and, I am led to believe, of many in our school, that these gentlemen can have so much faith in Homeopathy, and yet deny these facts, for such they are, that they can have no evidence of the truth of these facts, as a natural result of their large experience. It is not necessary to go very far for illustration of the secondary effect of drugs, which is a term used to designate, by the way, an action of the system *against* a drug; but as it follows the first or primary action, it is not, after all, poorly bestowed. *Caster oil* for constipation is an every-day example; are not the primary and secondary action well marked? How is it, also, with the depression following stimulation?

As to aggravation following the administration of our remedies in almost any attenuation, surely the case-book of almost any observing physician will amply testify to its possibility. Were occasion wanting my own small experience could furnish abundant illustration, but it is unnecessary. Fearing that I may have misunderstood the gentlemen above named, may I ask, through the columns of THE UNITED STATES MEDICAL INVESTIGATOR, that they will give some proof of the truth of their statements, if they are correctly quoted, or correct me if in error?

May 18, 1875.

J. G. GILCHRIST.

A DIPHTHERITIC RECORD.

The undersigned, an ordinary practitioner of physic according to the Homœopathic plan, who, in ten years has treated five or six cases of diphtheria, *several of which terminated fatally*, was lost in admiration of the genius who had discovered an unfailing specific for that disease—having cured therewith one hundred and fifty cases within eighteen months (vide page 252, UNITED STATES MEDICAL INVESTIGATOR), and who expressed his entire willingness to try his prowess with a few hundred cases more, feeling the utmost confidence in his ability to vanquish the enemy on every occasion. Fancy the revulsion of feelings I experienced from the revelations of pages 386-7, wherein this same redoubtable hero of an hundred and fifty diphtheritic battles describes a plain case of diphtheria which he is strangely unable to recognize and which he treats with an unique medley of drugs (none being indicated in the case). Of course the patient dies. Which is the Doctor proudest of that he must needs publish it—the diagnosis, the therapeutics, or the success?

In the eighteen months the doctor tells he has had *one* case of diphtheria and *that one did not recover*, therefore let him re-write his experience and annotate it thus: “Every pharyngeal inflammation and ulceration is not diphtheria. I am at a loss to know whether the olfaction of the 200th of *Skim-milk* may not as quickly have cured the the one hundred and fifty cases as the *Cyanuret of Mercury*. I am not so hungry for more diphtheria as I once was.”

What grotesque pathological phantoms must this doctor's “inner consciousness” be ever evolving, judging from the samples that have reached us—“jumping ovaries, with nipple attachments,” “typhoid enlargements of glands,” “typhoid diphtheria minus diphtheria, equaling ‘putrid typhoid,’” etc.

J. M. ROUTH.

DECATUR, Ill., May 11.

EXPERIENCE WITH DIPHTHERIA.

We have had, in and around Sun Prairie, Wis., many cases of this disease for the last six years, and they were especially frequent during the spring of 1873 and winter of 1873-4, and the winter of 1874-5. It has attacked persons of all ages, from the infant of three or four months to the adult of more than fifty years of age. The attacks have varied much in their severity; many have been of the very worst character. A few persons have had the disease twice, and one young lady has had it three times, and very severely each time.

In the spring of 1873 I lost two patients, and since that time have lost one only. The leading Allopathic physician here has lost four or five times as many, with probably just about the same number of patients to treat. Besides this, I have noticed that some of his cases have not made as satisfactory recoveries as mine have. I have used

the majority of the remedies which I find from our journals are in use among our best physicians, but have varied the treatment a good deal to meet the demands of different cases. The remedies most used have been *Baptisia*, the *Proto iod. merc.*, *Hydrastis*, *Phytolacca*, *Bell.*, *Sang.*, and *Sulphuric acid*. The last has been used to coagulate the exudation in order to facilitate its removal before it should become hardened and leathery. Sometimes the production of this is very rapid. The *Sulphuric acid* has proved very efficient in promoting its removal. I prepare it by mixing six or eight drops in half a tumber of water. Of the *Proto-iodide of mercury*, I usually give frequent powders of the 1st, 2d, or 3d decimal, according to the case. *Baptisia*, I use in the 1st or 2d decimal. Where a gargle can be used, I often order the frequent use of *Salt* and *Vinegar* and *water*, or else use the *Hydrastis* to make a gargle. The probang is used frequently in most cases, with the powdered *Proto-iodide of mercury*, or *Kali bich.*, or *Kali chlor.*, or *Bin-iodide of mercury*, or *Hydrastin*. In a few cases I have used the *Permanganate of potash*, and with good effect.

I do not believe in the practice of tearing off the leathery exudation with the forceps. It causes bleeding, and aggravates the case generally. At any rate, that has been my experience. *Medicines* must do the work, both by their local effect and their effect upon the blood. When the forceps have been used to tear off the leathery substance, it has seemed to be reproduced very rapidly in every case. What must be done, is, to remove the disease which causes its production.

As to external treatment, I have tried a great variety. Have used *Crude oil*, *Kerosene*, *Salt pork*, *Sinapisms*, *Raw beef*, etc. I like the effects of the latter very much. In bad cases it can stay on but a very short time before it begins to turn greenish, and to putrify, which necessitates its removal and the substitution of a fresh supply. *Raw eggs*, *Milk*, *Whisky*, *Brandy*, etc., are necessary.

If any of these facts or suggestions shall afford even a little help to some professional brother, I shall be well paid for jotting them down for your journal. Whoever has a bad case of diphtheria to treat needs to watch the changes in his patient very carefully, and to be *faithful unto the end*, lest the victory may be snatched away suddenly when it seemed almost within his grasp.

H. E. BOARDMAN.

SOME PRACTICAL OBSERVATIONS.

EXPERIENCE WITH VACCINATION.

Since I began practice, in 1864, I have vaccinated about 1,500 persons—only a few adults. I begin in May, and end about July 1st. Never had any serious trouble. Have met with ignorant resistance, and without exception I succeeded in removing this parent of vice and misery. I reasoned, and proved Homeopathy. Small-pox is no hum-bug. Had trouble with lymph in tubes, imported from Dresden. Out

of six in one year, one proved good — \$2 worth. I keep on record all I vaccinate. In 1866 the loathesome disease paid our county a visit. Several died. Two families, where I had vaccinated two, the younger were visited, of course. None of my number took it. For the last two years I vaccinated healthy cows with cow-pox from Dr. Martin, of Boston. Troublesome, but done well. I vaccinate with cow-pox, and not humanized. All take before the ninth day. Cow-pox on ivory slips, from any of our American producers, is the best and most reliable in the world, used as directed. Points the very best. One time, well down, is as good as pure, uncomplicated small-pox.

ALLOPATHY DISGUSTS ITSELF.

Several men in the decline of life — fifty — becoming sick after leading a life of strength and health, employ Allopathic doctors. A consultation — prognosis unskillful. Result, what was lucky, stopped taking all medicine, and got better. Allopathy becomes disgusting with itself and its unstableness. How much does Allopathy owe us? Our healing art is angelic; nay, God-like! Theirs, fiend-like. Ours is good, gentle, and powerful in restoring regularly to health. Theirs, in striking, maiming, and sending to the grave-yard, regular. I am impressed that by their means they cause their dupes and the ignorant masses to love them, though unwillingly. P. S. DUFF.

GREAT BELT CITY, Pa.

[The power of *Opium* over the mind of patients to hold them is really wonderful.]

VIENNA SCHOOL ON VACCINATION.

BY J. B. BRAUN, M. D., SHEBOYGAN, WISCONSIN.

On page 342 of THE UNITED STATES MEDICAL INVESTIGATOR, an article was published with the inscription, "When Revaccination is Necessary." As those contents don't agree in every particular with the stand point of modern science, I would subjoined exhibit the present views of the Vienna school on this subject in a rather extensive form:

VACCINATION.

The protective pock — variola vaccina — is an acute, specific, and eruptive contagious disease, which consists in a navel-shaped pustule, similar to variola, and will destroy the disposition to genuine human pox within the organism.

It is the result of a liquid inoculated to man, occurring on the udder of the cow and containing the original and primitive cow-pock (variola).

MICROSCOPIC PECULIARITIES.

According to Kleber's researches the protective pox-lymph contains, although for the naked eye perfectly clear and mostly like water, by microscopic examination, besides accidentally admixed particles of dust, debris of epidermis, blood corpuscles and fibrinous coagula, yet constantly but in varying proportion corpuscles of pus, a larger, or smaller number of peculiar looking nucleus cells, further innumerable free nuclei and point-like molecules of almost unmeasurable littleness.

The nucleus cells are possessed of a very tender and sometimes scarcely perceptible membrane, which swells up and becomes more distinct by adding water, but being dissolved again for the most part and almost vanishing by *Acetic acid*. On the other hand, the free nuclei as well as those contained in the cells are neither transformed by *Acetic acid* nor by addition of water; the latter ones appear even more distinctly with *Acetic acid*, as the cellular membrane dissolves and the nuclei are merely kept together by an exceedingly tender membranous or fibrous means of connection. The nuclei themselves, the number of which varies in the cells from three to twenty and more, are not always round, but often elongated like beans or biscuits, or are sometimes closely connected together, so that their multiplication by self-dividing is beyond any doubt.

Hallier has succeeded in proving in the lymph of human pox swarming micrococcus cells and at that in a by far larger multitude than the same author has ever seen in pox of cows and sheep. The little swarmers appear under eight hundred fold linear magnifying plain conical, moving like a gig as every swarming micrococcus. The lymph-corpuscles were almost thoroughly covered with the settled micrococcus. Moreover, now and then tender filaments would show themselves, leptothrix, or as Dr. Itzigsohn strikingly proposes, mycothrix chains. In every one of the little chain-links some little swarmer may be observed very distinctly.

In like manner Hallier found within the vaccine liquid cells micrococcus and chains of mycothrix, which on his cultivating experiments by means of starch, lemons, albumen of chickens, disinfected cork and milk, rapidly formed sporoids, that germinated and generated *aspergillus glaucus*, *mucor mucedo*, *aspergillus ustilago carbo*, *eurotium herbariorum*, *pycnides* and subordinate forms (morphes), as: *oidium lactis*, *torula rufescens*, *oidium albicans*, etc. Out of his multifarious attempts he stated, that *torula rufescens* furnishes the micrococcus in the cow-pox and that, as *torula rufescens* also very frequently occurs in the milk, the supposition is lying near, that the cows infect themselves with their own milk. At his cultivating experiments with lymph of human pox on albumen, milk and lemons, he was convinced, that with equal cultivating attempts the same generations or morphes as in trials with vaccine inoculation liquid are developed, as *aspergillus*, *eurotium*, *cladospermium*, *stemphylium*, *torula rufescens*, *mucor*, but that the micrococcus of the human pox was not to be derived from *torula rufescens*, but from another generation, namely from the *stemphylium pycnides* vegetation. The vaccination signifies according to his

opinion, if the micrococcus be the contagion, nothing else than that the same with the disease would protect from the disease, so that the organism is left untouched by the pox, because these latter ones do not arise so easily a second time.

VACCINATION.

is the operation, by which the lymph of the cow pox is inoculated.

The children need not be prepared for this little operation, and usually the external and upper portion of the arm is selected, as that spot, being easily accessible, cannot be touched by the children with their fingers, whilst the remaining scars are covered up by the clothes.

Blisters or incisions have been formerly proposed, and now-a-days generally the lancet is used for inoculation.

After the arm of the child to be vaccinated has been uncovered, and the child himself has been properly fixed, the instrument is seized, moistened at its point with vaccine lymph, with the right hand; while the left hand strains the skin, the point of the lancet is struck in somewhat in an oblique or still better in a horizontal direction, and after the point of the instrument has been left in contact with the wound for a short time and a few rotating motions have been made, the vaccination lancet is withdrawn.

Bleeding ought to be avoided if possible. therefore the wound is not to be made too deep, as the blood in its profuse flow would very readily wash off and remove the vaccination matter.

The wound is got to dry up, and only the contact with shirt within the next quarter of an hour is to be prevented.

(a). GENUINE AND REGULAR VACCINE PUSTULES.

The vaccine never originates spontaneously, but is always the product of a particular and peculiar artificial action.

After the puncture performed with the vaccination lancet, until the fourth day commonly nothing particular is observed, but on this day some point more sensible than visible at each of the punctured spots may be shown. That nodules appears plainer on the fifth day, and on the sixth day it cannot be confounded any more with anything else.

The nodules is growing still more flat instead of more pointed, more excavated in the centre, of a bluish-white tint. At the same time some red halo shows itself in the nearest surroundings.

These symptoms appear distinctly on the seventh and eighth days, the pustule coming forth in its total fullness, whitish blue, surrounded with a red and more or less large halo, deepened in the middle and limited by hard borders.

The spread and development of the pustule increases on the tenth day. There is some hot skin and fever besides, and not rarely also the axillary glands are swollen.

The pustule is drying up on the twelfth or thirteenth day, changing into a hard and blackish scab, which falls off on the twentieth to the twenty-fourth day, leaving a characteristic round, deepened, and radiating looking scab behind.

The pustule consists, from the sixth to the ninth day, of a multitude of small cells, separated by thin septa from each other, filled with a clear, transparent liquid, the vaccination matter.

(b). ANOMOLIES OF THE VACCINE PUSTULES.

In some children an essentially different course is often observed, and sometimes it happens that the vaccination does not act from reasons, which mostly must be attributed to the manner of gathering or preserving the vaccination matter.

Further there is not infrequently a longer (even to the thirtieth day), lasting period of incubation, a shorter space of incubation may also occur, always inducing other anomalies.

Sometimes also on other spots than those, where the punctures were performed, vaccine pustules arise, and this occurrence may be explained by scratching and immediate transferring to other spots of the organism, although also supernumary eruptions may occur on places, which are not accessible to the scratching hand.

(c). THE MODIFIED VACCINE PUSTULE.

The vaccine pustule may from degeneration lose its qualities of protecting against variola and of self-producing by inoculation, and is then called ungenue or modified vaccine pustule.

The same is distinguished from the genuine vaccine pustule by its very rapid appearance, often already on the first or second day, keeping in its development steady the globular form, while the flat and depressed surface is the specific mark of the genuine vaccine pustule.

The ungenue is distinguished from the genuine not only in form, course, but also in structure, merely forming a cavity and sticking quite superficially to the skin. If it is pricked, it is emptied suddenly and completely.

COMPLICATIONS OF THE VACCINE PUSTULE.

The vaccination matter, which produces such an important alteration in the human organism, induces a slight eruption, running through its stages without incidents. But also rather violent symptoms may be occasioned. Thus erysipelatous inflammation is observed in the vicinity of the pustule, oftentimes swelling and suppuration of the axillary glands takes place; likewise the vaccine pustules suppurate and become gangrenous. In children, who are only a few days old, these appearances occur much more frequently and intensely and endanger their lives.

The mutual influence between vaccine pustule and the diseases, during which the vaccination is performed, is a different one.

Feverless diseases would not alter the process at all. In tuberculosis the vaccine pustule is developed very late, running through its stages utterly slow; in typhus and pneumonia the development but exceptionally during the decrease of the disease is observed; in meningitis no alteration happens in the course of the vaccine pustule; in scarlatina and morbilli (measles), etc., it is invariably retarded in its growth, if the vaccination was done in the prodromal stage.

However, if the vaccination is performed during the prodromal stage of the variola, the vaccine pustule is developed but exceptionally, and if it appears, its course is a modified one. But if variola and vaccine pustules come on simultaneously, each one may take its corresponding course.

UTILITY OF VACCINATION.

Against vaccination many voices have spoken, especially in modern time, looking upon it as a source of most diseases in more mature years, such as typhus, tuberculosis, etc. It is not to be denied, however, that vaccination presents real advantages.

Its protective power is not so much confined to the eruption as to the cause of the same, that is the general modification of the organism, produced by infection. It is certainly an established fact, that many vaccinated individuals are attacked by variola, but the number of the vaccinated persons who are not attacked by variola is a much larger one.

The protection, which vaccination would yield, is therefore much oftener an absolute than a temporary one, which latter may also depend on the circumstance, that the absolute protection existing at the time of the development of the vaccine pustule, is steadily decreasing. Proof for that is found in those cases where children within the first fifteen to twenty years were protected against variola, but were seized by the same in later manhood.

The fault herein is the degeneration of the vaccination matter, as well as the individual disposition, but in most cases not the variola vera, but in a most frequent number merely the variolois is observed.

REVACCINATION.

As it is impossible to determine in what persons the protection of vaccination is only a temporary one, the necessity of the second vaccination or revaccination has become a conviction, and most of vaccinating physicians have agreed, to repeat the vaccination every seven or ten years.

(d). VACCINATION MATTER.

The vaccination matter is contained in the vaccine pustule on the fourth day and is to be found in the largest quantity on the ninth day. It is a serum-like liquid, transparent, viscid and without smell. Exposed to the air, it dries up and would stick to stuffs to which it is transferred without losing its transparency. In excessive degrees of heat or cold it undergoes a change, and it is only apt to take effect if it is put under the epidermis and brought in contact with the lymphatic vessels.

The vaccination matter requires a particular cultivation in regard to gathering and preserving; it degenerates and loses its peculiar qualities, if certain precautionary measures are neglected.

The matter is gathered from vigorous and healthy children, the experience showing that matter acquired from such children deserves preference. Although the vaccination matter does not transfer any

other substance but the one peculiar to the vaccine pustule, yet vaccination has been considered from many sides the cause of transferring acute and chronic diseases.

Taupin has published his experience about it and found that matter, when taken from children affected with typhus, cerebral diseases and neuroses, was just as efficient and protecting from variola as when taken from perfectly healthy children. The same success was also proven in such children that were affected with scarlatina and morbilli, if the matter was selected from them for further vaccination. However it cannot be denied that it is not indifferent at all, to take the matter from children laboring under syphilis or scrofulosis, as there are cases of syphilis surely known which have been transmitted by vaccination

The matter is to be taken from the fifth to the eighth day, regarding that it is not chosen any later, because pus is admixed

The vaccination presents so much more chance of success, the more fresh the matter is. It is certainly the most proper way to vaccinate from arm to arm, which is not always possible, therefore the matter is also presented either in a liquid or dry state.

For the purpose of gathering, the lancet may be used, the point of it being dipped in the matter and, after the liquid has dried up, wrapped up with paper and brought between the handles of the lancet. This mode of preservation is, however, not a safe one.

There are also vaccine scabs in use for preservation, kept pulverized in a box or between plates of glass.

Further, lancets of ivory or whalebone are impregnated with vaccination matter, which after having dried up, they are enclosed in a little bottle.

There was also a peculiar vaccinating pen devised by Guns, which is similar to a drawing pen, but it may be used only with advantage when there is a sufficient quantity of lymph.

Small plates of glass, which are to be put alternately on an opened vaccine pustule, are employed for preservation, too. Whenever the plate is covered with lymph, a second one is placed upon it, and both are wrapped up then in tin-foil.

Little tubes of glass are also used for the same purpose. They are mostly furnished with a funnel-like larger opening on one end, while on the other end they are drawn out very thin. The air may be diluted on the wider opening by heating or by sucking with the mouth, whereupon the point of the thin end is brought on the pustule, and the little tube is thus filled. For closing up, sealing-wax is used, and the tube wrapped up in paper; moreover, the whole may be preserved, especially for transportation, in wooden capsules, in order to avoid any change of temperature and the light.

Matter taken directly from the cow is also used, but in this instance care must always be taken that the punctures be not made too close on account of a high inflammation readily spreading out.

In regard to time when the vaccination is to be performed, it may be remarked, that it ought to be performed after the sixth week, dating

from delivery. Earlier it is not justified at all, nor is it proper to wait a long time. Vaccination, however, may also be performed in a later period, even in old age.

Spring or fall are commonly chosen, as excessive cold or heat either retard or accelerate the growth of the pustules.

In variola epidemics vaccination or revaccination is to be performed without delay.

In the above cited article on revaccination, the author asserts: "Pus itself is a dangerous poison, likely to produce death, as has been experienced by some eminent surgeons, who have died from cutting themselves while operating," etc. Now I would humbly submit the query: Does the term "pus" here signify the substance secreted from sores or wounds with a healthy, normal, or physiological action (*pus bonum et laudabile*); or is the decomposed and putrid substance, the ichorous or sanious matter, to be conceived by that?

ON GLOSSITIS VS. ŒDEMA OF THE TONGUE.

In the May 15th number of *THE UNITED STATES MEDICAL INVESTIGATOR*, I observed an article by D. Pittman, entitled "Œdema of the Tongue," with a case. Though I am not the critic of *THE INVESTIGATOR*, I venture a few comments on this case.

The first thought that occurs to me is, that the title is a misnomer—that the case was not one of œdema, but glossitis, the inflammation extending beyond the tongue to the throat and glands. It is a pity that the doctor does not state how long the disease had existed before he saw it. Probably not long, for such a disease excites alarm and a call for help at an early period.

Œdema is not a disease of rapid growth and glossitis is. Again, while œdema is not attended with fever, glossitis is, as in the case related.

We can easily conceive of bleeding of the tongue in glossitis, but not in œdema.

As to the treatment of the case, the first thing that strikes me is, its redundancy and its want of Homœopathicity to the symptoms as given, whatever the disease is called. *Apis* might have been an appropriate remedy but if it was, the low form in which it was given, tincture, might well account for the disease being worse after its use for two days. We do not see the application of either *Bell.* or *Kali* to the tongue, though they might have been of some service so far as the mucous membrane of the throat and the glands were concerned. A few doses of *Acon.* might have done good, but *Merc.* was the proper remedy and would have cured the case much more speedily than it was cured. From my early experience, this is one of the few cases in which I believed local bleeding by leaches beneficial.

I have had, within my distinct recollection, some five or six cases of

acute glossitis, a part under my Allopathic and a part under Homœopathic treatment. The former I treated with leaches successfully, the latter with *Merc.* exclusively except a few doses of *Acon.*

It is asserted, by some high medical authorities, that this disease never occurs idiopathically, but is always the result of some irritating substance locally applied, the bites or stings of insects, or of *Mercury.* I cannot agree with this view for two reasons:

First.—It is not conceivable why the tongue should constitute the solitary exception to the liability of all the organs of the body to inflammation.

Second.—It contradicts my experience.

With two exceptions the cases I have seen were attributable to no local irritation. One of these was from chewing *Arum triphyl.* and the other from a bee sting (*Apis*). All the apparently idiopathic cases have been sudden in their invasion and rapid in their course, and recovered with equal rapidity.

The first case was in my early practice. An old mill-pond had been drained to be converted into a canal reservoir. The workmen employed in excavating it were exposed to an abominable odor from the long accumulating sediment. Many of them were seized suddenly with attacks resembling cholera, some with vomiting and purging, and others with neither, but falling while using their shovels, in a state of collapse. One, without any other apparent ailment, was attacked with an acute and rapidly progressing glossitis. Within two or three hours, I found the tongue protruding from the mouth and of great thickness. While he could talk he had complained of pricking pain in the tongue. I at once applied four leaches to the protruding portion. The bleeding was profuse and the relief immediate. In an hour, he could retain the tongue within the circle of the teeth, and the next day he was well. Was not this a glossitis of malarial origin? I so considered it.

A few weeks ago a lady called at my office, and stated that a short time ago, I think only about half an hour, she felt a pricking pain in her tongue and was alarmed to find it swelling. I found it considerably swollen, with very conspicuous indentations from the teeth. Pressure with the fingers was painful. I gave some pellets of *Merc.* to be repeated and she went on her way. She subsequently reported that the difficulty subsided entirely in a few hours. This case could be traced to no local irritation. I consider it one of idiopathic glossitis aborted, in its incipency, by the appropriate remedy.

MILWAUKEE, Wis.

J. S. DOUGLAS.

THAT ŒDEMA OF THE TONGUE.

In THE UNITED STATES MEDICAL INVESTIGATOR, for May 15th, is a case of "Œdema of the Tongue." I would like to ask the doctor some questions:

What are the indications upon which *Apis* and *Bell.* were given in the first prescription? The symptoms are just as well covered by *Merc.*, *Iodine*, *Dulc.*, *Phytolacca*, and many others. There is nothing said about the patient's age, temperament, state of mind, the cause, the pathological condition. In short, nothing whatever upon which to base the selection of one remedy to say nothing about two, one of which was given in a poisonous dose. Next morning she was better from some cause, but the medicines were still continued as formerly. The ensuing morning, as might have been expected, she was worse than at the beginning of the case. One of the remedies was discontinued, fortunately the one of the poisonous dose or there might have been a case for the coroner, and another added in its place with as little indications as the first, and still another remedy added. These three were given for three days. Then one of these is still continued in a different potency, and two others added. At the end of a week the patient is discharged, the doctor very modestly does not say she was cured. During the week's treatment she had taken six different drugs. No one can say that any one or all had anything to do with the recovery, for from the nature of the disease the probability is that she would have recovered in that or less time.

One of the evils of alternation is that it effectually prevents any information being gained by experience. Another, it begets a carelessness of prescribing on the part of the practitioner. And another is that if one of the remedies given is the right one the other one interferes with its action.

Now doctor, examine your cases carefully, and then give one remedy and as soon as your patient responds to its action discontinue it,

To show by contrast how a case should be treated and reported, I will translate from *Wurmb und Caspari's Klinische Studien* a similar case. *Verbum sat*:

"L. R., aged fifty-four years, powerful constitution, perceived on the 22d of May while swallowing, and also while not, a violent pain in the throat, which was increased by movement and pressure.

Concomitants: great heat, particularly of the head; beating in the temples; feeling of dryness of the mouth and throat, and increased flow of saliva.

May 24th.—The tongue swelled, was painful and difficult to move.

May 27th.—On being received we found the face very much reddened; the eyes injected; the lips and vicinity blue; the tongue increased to double its size, its point very red, pressing over the teeth and indented by them, and covered with a thick white coat. The patient could not extend his tongue, and because of its rigidity could scarcely speak. The palatine arch and the uvula were very red and much swollen. There flowed continually out of the mouth a tough saliva; the temperature of the cavity of the mouth was very much increased. The neighborhood of the lower jaw, particularly on the right side, was swollen, hard, and hot; deglutition impossible; respiration accelerated, anxious. On bowing the head occurred difficult breathing; pulse 90. The patient complained of dullness and heat of the head; pulsation in

the head; constant pain in the tongue, which is very much aggravated by pressure and motion; violent pain in the larynx, in the lower jaw and the upper part of the neck; heat and burning in the mouth; violent thirst. *Merc. sol.* 30, in globules was administered.

May 26th.—The swelling was considerably decreased; deglutition was possible; the pains very much abated

May 31st.—Every trace of the disease had disappeared, therefore on the next day the patient was discharged from the hospital, perfectly healthy."

To speak further of an inflammation extending to the entire parenchyma of the tongue and the surrounding cellular tissue, and the connection of the treatment employed, and the rapidly resulting cure, is certainly unnecessary.

A. MCNEIL.

NEW ALBANY, Ind.

Materia Medica Department.

THE EUCALYPTUS AS A HYGIENIST.

Garibaldi is occupied, among other schemes, in planting the famous *Eucalyptus globulus* (Australian gum-tree) around Rome, with a view to prevent malaria. Travelers in the South of Europe have now an opportunity of admiring noble specimens of this tree in the promenades and public gardens of Nice, Cannes, Hyeres, and Algiers; while in Spain its health-giving properties are well known and appreciated. In 1860 the *Eucalyptus* was first introduced into Spain on account of its hygienic virtues, and these were so soon discovered by the poor people of Valencia that they used to steal the leaves for the purpose of making decoctions. The Cape of Good Hope, Corsica, Sicily, California and Cuba have also their plantations. The *Eucalyptus*, in fact, is making the tour of the world. Already efforts are being made to introduce the tree into Ceylon as an antidote to jungle fever. Unfortunately, it is too delicate to stand English springs.—*Pall Mall Gazette*.

It has reached Chicago. The editor of this journal has one growing in his front yard four feet high. It was raised from the seed, sent him from California by Dr. Pease, two years ago. It cannot stand freezing, so must winter in the house. It gives off much ozone, and so is a very valuable house plant. The vigor of THE INVESTIGATOR is no doubt due, somewhat, to the health-giving qualities of the *Eucalyptus*.

MEDICAL CRITICISM.**THE SCHUSSLER REMEDIES DEFENDED, ETC.**

IN THE UNITED STATES MEDICAL INVESTIGATOR of May 15th, a correspondent makes a singular defense of the Tissue Remedies, and of their American editor.

Dr. Dake, of Nashville, wrote a criticism a few weeks ago upon the remedies put forth by Dr. Schussler, in a spirit of candor and fairness, dealing with facts and principles, and not men. If his exposures of error and evil tendencies in the theory and practice of Dr. Schussler reflects in any wise unfavorably upon the author of the "Twelve Tissue Remedies," or upon his endorsers in this country, the fault is theirs and not his.

Surely the time has not yet come, in this country, at least, when any author or writer can get so high up the ladder of fame, or so far in advance of his fellows, that his views and his works, displayed by himself to the public, may not be reviewed and criticised by any one who may choose to do it.

What the profession needs, and what our journals should contain, are thorough criticisms and discussions, bearing on every fact, and theory, and article, and pamphlet, and book, and remedy, sent out as a candidate for favor, or a guide in medical practice.

It matters not if the author of any such issue be the "oldest" or youngest, the tallest or shortest, the most distinguished or least distinguished, the handsomest or the ugliest man in the profession, his work should have all the praise deserved, and all the blame, without the exercise of "fear, favor, or affection," on the part of the critic.

We have no medical autocrats in this country, with power to say what they please, and do what they please, and then to suppress all adverse criticism.

As we have no absolute political, so we shall acknowledge no absolute medical authority; and all attempts to exercise it, on the part of the "squires" of distinguished authors, will come to a ridiculous "naught."

Now Dr. Dake is abundantly able to defend himself, should he consider it necessary, against any sort of antagonist, but I must be allowed to say that the contents of Theodore Meurer's communication, as well as its spirit, presents more "laughing stock" material for our enemies, and more occasion for shame over the blemishes of our literature, than any short article I have seen in a long time. No wonder the fine sensibilities of the editor called for an apologetic foot-note.

Personalities, especially of the low kind like that shown in the comparison between "C. Hg." and Dake, and the accusations of ignorance against the latter, as to the simplest things in chemistry, betray a wonderful weakness and want of facts and logic on the side of the writer who essays to set him right.

What reader of THE UNITED STATES MEDICAL INVESTIGATOR did not appreciate Dr. Dake's masterly review, and does not now thank him for it?

He was objecting to the use of the *eight remedies* of Schussler because they had never been *proved*, so that any one could tell what symptoms they were able to produce in the healthy, and consequently what symptoms they might cure, under the direction of the Homœopathic law, in the sick.

It was Schussler, and not Dake, who proposed a combination of *Kali carb.* and *Sulph. acid.*, and the employment of the compound as a remedy, upon the symptoms of *Sulphur* and *Kali carb.*, the compound itself having never been proved.

It might be well for Theodore Meurer to read page 13 of Hering's first edition of "The Twelve Tissue Remedies," where it is said: "*Sulphur* is absorbed and combines either with *Oxygen* or with *Hydrogen*, Hahnemann's list of symptoms is a mixture of both. The *Sulphuric acid* comes here particularly into consideration; *this acid drives out the Carbonic acid; it COMBINES, in statu nascente, with Calcarea, Natrum, or KALI.*"

And Theodore Meurer would do well to learn from Hahnemann's Chronic Diseases, that *Hepar sulph. calc. was proved by S. and F. Hahnemann*, and by *Stapf, and others*, before he proceeds to grade it down to a par with Schussler's *Kali sulphuricum, Kali phosphoricum, Kali muriaticum, Natrum phosphoricum, Calcarea fluorica, Calcarea sulphurica, Magnesia phosphorica, and Ferrum phosphoricum*, not one of which was ever subjected to any proving whatever, and whose powers and capabilities were simply surmised by Schussler, from what he could learn of their respective chemical elements.

Dake made no objection to chemical compounds as remedies, except when they came from the hand of empiricism, or the realms of fancy, untried and unvouched for by any proper proving. If he is wrong, Hahnemann was wrong, and Homœopathy is wrong in one of its fundamental principles.

It is well for Homœopathy that we have able and fearless critics, who cannot be frightened by "froth and foam," and "glass house" suggestions, nor be circumvented by the cunning, nor overawed by the prestige or supposed influence of any authors, so as to let their *absurdities* pass for great truths, and their *foolish fancies* for brilliant discoveries, without a word of honest and earnest dissent.

SALEM, Ohio.

R. B. RUSH.

Children's Diseases.

ABOUT THAT CASE OF "FOOTACHE."

I wish to illustrate a point, and know of no better way than the above case. Some fourteen remedies have already been given, and I

suppose if a call was made for curative agents for the next year, remedies would multiply and vary in the same proportion they have in the two last journals. Now what does this indicate? A good deal of cutting and trying, in my opinion, and the *very* unhealthy state of our materia medica. If we had a perfect materia medica, and thoroughly understood, out of a hundred prescriptions we would in all probability receive ninety alike. Only look at our ponderous works on this subject, with their thousands upon thousands of symptoms—how and when got, no mortal knows—*Sulphur*, for instance, with its ten thousand symptoms, more or less. Why, one would almost conclude, with such an array of symptoms, that all the ailments of the whole human family could be cured by *Sulphur* alone. Properly speaking, *Sulphur* has, perhaps, about two dozen bona fide "characteristics," which are enough for any one physician to remember along with other and more valuable drugs. But this is not enough; symptoms are still multiplying, instead of diminishing, as they should.

What we want, and what we must have, is a terrible sifting and thinning out of this branch of our literature. It is *full* to repletion, and needs a great big vomit. This garbish must be taken out—these tares rooted up; and if by so doing *Sulphur* is left with a dozen *positive* and certain curative symptoms, so much the better for doctor and patient.

I have sometimes thought that materia medicas were ground out like Allopathic doctors, so rapidly do they come forth.

Now, with all due respect for H. V. Miller, M. D., who is so very patiently gathering the characteristics for headaches, I will venture to say that I believe I can name a half dozen drugs that will cure all the headaches he has mentioned, or is likely to mention. Where does Dr. Miller get this vast array of symptoms, minute and exact in every particular? Is it the result of experience? Has he proven this vast amount of drugs, or is it the same old re-hash (to use a common phrase) of symptoms, whose accuracy I would put about as much faith in as I should in a placebo powder.

About four-fifths of the reports of cases are not worth one farthing to the young practitioner. He is ever left in doubt whether this or that drug deserves the credit of curing. Now I appreciate and honor the report of Dr. Bernreuter, of "*Aconitum* in Loquacity." This is worthy a record and a remembrance.

It is not so much a ponderous materia medica we need, with a *host* of symptoms, uncertain and unlearned, but a *thorough* and comprehensive understanding of the remedies we now have, combined with a feeling of assurance that such and such symptoms belonging to such and such drugs *are correct*. Better have a dozen correctly-proven and thoroughly understood drugs, than a thousand possessing neither of the above attributes.

I am not averse to the extension of the materia medica, because it might be possible that, when properly proven, *rare* and *valuable* symptoms may be developed, that will be a world of good to the profession, just as in the case of the "loquacity" symptoms under *Aconite*, that I

will venture were not known by one hundred physicians in the country.

Free dispensaries and hospitals are good. Colleges and universities are good, *very good*; but how much valuable knowledge have such institutions added to our knowledge of drugs? We occasionally find a proving put in the form of a thesis, and what does it amount to? A young student of medicine is about as competent to prove a drug, upon which the life of a human being may hang, as the writer is it to administer the Sacrament of the "Lord's Supper."

The *materia medica* is our anchor. It is *Homœopathy*, and should be governed and presided over by the oldest and wisest heads in the country. Better, a good deal, endow a university with a chair, whose duty and office it should be to *make* a *materia medica* rather than lecture upon one, as crude and uncertain as the one to which I refer.

CHARLESTON, Ill.

G. B. SARCHET.

Society Proceedings.

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The Twenty-fourth Annual session of the Illinois Homœopathic Medical Association was held in the Palmer House, Chicago, May 18th, 19th, and 20th.

The vice-president, W. C. Barker, M. D., of Waukegan, in the chair.

There were present: Chas. Adams, M. D., I. Bedford, M. D., W. H. Burt, M. D., E. A. Ballard, M. D., G. D. Beebe, M. D., A. G. Beebe, M. D., Chicago; W. C. Barker, M. D., Waukegan; S. Bishop, M. D., Moline; E. M. Colburn, M. D., Peoria; M. B. Campbell, M. D., Joliet; S. P. Cole, M. D., D. A. Colton, M. D., N. F. Cooke, M. D., L. S. Cole, M. D., H. P. Cole, M. D., Chicago; N. B. Delamater, M. D., L. Dodge, M. D., T. C. Duncan, M. D., F. Duncan, M. D., W. Danforth, M. D., C. N. Dorion, M. D., J. Dal, M. D., Chicago; R. N. Foster, M. D., H. B. Fellows, M. D., C. B. Gatchell, M. D., L. C. Grosvenor, M. D., J. E. Gilman, M. D., Chicago; J. B. Gully, M. D., Geneva; J. J. Gasser, M. D., Blue Island; S. P. Hedges, M. D., J. W. Hawkes, M. D., G. A. Hall, M. D., E. M. Hale, M. D., T. S. Hoyne, M. D., J. H. Jordan, M. D., Chicago; R. B. Johnson, M. D., Morrison; W. S. Johnson, M. D., Hyde Park; J. Keck, M. D., Barrington; Mrs. A. P. Ketchum, M. D., E. M. P. Ludlam, M. D., J. Lanridge, M. D., J. S. Mitchell, M. D., J. P. Mills, M. D., Chicago; S. J. Martin, M. D., Racine; W. R. McLaren, M. D., Oak Park; R. B. McCleary, M. D., Monmouth; T. R.

Nute, M. D., Chicago; J. Pratt, M. D., Wheaton; E. Parsons, M. D., Kewanee; E. H. Pratt, M. D., Wheaton; J. W. Roberts, M. D., H. N. Small, M. D., J. W. Streeter, M. D., A. E. Small, M. D., Emily Spork, M. D., H. R. Stout, M. D., D. S. Smith, M. D., E. E. Sherman, M. D., Chicago; W. C. Sturtevant, M. D., Morris; S. E. Trott, M. D., Wilmington; R. N. Tooker, M. D., Mrs. H. J. Underwood, M. D., H. E. Underwood, M. D., Chicago; J. A. Vincent, M. D., Springfield; F. H. Van Liew, M. D., Aurora; W. H. Woodyatt, M. D., T. D. Williams, M. D., A. W. Woodward, M. D., Chicago; T. D. Wadsworth, M. D., South Evanston.

Visitors.—Lewis Sherman, M. D., Secretary Wisconsin Homœopathic Medical Society; J. H. Lewis, M. D., Geneva Lake, Wis.; F. P. Peiro, M. D., W. D. Baldwin, M. D., Mary E. Hughes, M. D., T. Trine, M. D., Chicago; H. M. Erwin, M. D., Galesburg; Mr. H. Wisnor, Mr. Lemuel Freeman, Mr. W. A. Chatterton.

Students.—Drs. A. D. Bellamy, Lawndale; J. Fellows, Chicago; F. B. Wilkins, J. P. Roberts, Mrs. H. Wisnor, Reed, W. H. Loomis, C. A. Huse, H. M. Hobart, Jas. Powell, H. Ross, Hulet, F. Gatchell.

The meeting was opened with an invocation by Dr. T. C. Duncan, The president, Dr. Barker, then delivered

THE ANNUAL ADDRESS.

He first alluded to the advancement of science during the past century, dwelling at length upon the discovery of steam-power and the invention of the sewing machine. He then went on to review the source from which Homœopathy sprang, observing that it was the result of careful and patient investigation. He then glanced at the leading incidents of the life of Hahnemann, which he announced he had condensed from the biographical notice of the founder of Homœopathy given in the American Encyclopedia. The life of Hahnemann ought to inspire us with a desire to continue these researches with unabated vigor, and he asserted that we ought not to be satisfied with our present attainments. We should remember that prejudice and self-conceit were no part of science, and should not be hasty in condemning others that do not think just as we do. The science of medicine was kept in the background from the fact that we were so unwilling to thoroughly investigate a new theory before condemning it. No false theory gained or true theory lost anything by a fair and intelligent investigation. Within his recollection the standard treatment for all diseases was first phlebotomy, second a liberal dose of *Calomel* and *Julap*, and if there was any local pain a good sized blister. [Laughter.] There were few physicians of the old school who would now follow this practice. [Hear, hear.] Homœopathy has at least had a modifying effect on the Allopathic brethren. He regarded as the most important hindrance to the advancement of the profession the petty jealousies which existed between the different schools, and suggested a generous treatment of our hostile brethren, the Allopaths. He himself had so much faith in Homœopathy that he pitied those who made their ignorant attacks

upon it, rather than blamed them for their unjustness and want of taste. He regarded Homœopathy as decidedly the most successful system of medicine. His theory was that when disease attacked a person there was at once a conflict between the disease to hold its ground and nature to throw it off. In such a case the doctor should assist nature in her efforts, and not give depletive drugs that had a tendency to thwart the efforts of nature to react against the disease. His honest opinion was that the injudicious use of drugs had helped three persons out of this mundand sphere where they had assisted one to remain in it. In conclusion, he would urge all to devote their best energies to our noble profession, and let no prejudice or self-conceit hinder us from adding to our medical knowledge from day to day as experience affords us an opportunity. He hardly thought it paid to contend with those of a different faith, but always treat them kindly, and, like the apostle James, "show forth our faith by our works." An Allopathic brother who had been very zealous in his efforts against Homœopathy he had never failed to treat with kindness, believing as he did in the doctrines of Him that gave His life for the removal of sin from the world. "If thine enemy hunger, feed him, and if he thirst, give him drink, for in so doing thou shalt heap coals of fire on his head."

A vote of thanks was tendered the president for his able address.

The minutes of the previous meeting was then read by the secretary and approved.

Communications were read from President R. Ludlam, M. D., of Chicago, *en route* for Europe; J. B. Gully, M. D., Geneva; J. N. Clark, M. D., Golconda; L. S. Ordway, M. D., Warren; G. W. Foote, M. D., Galesburg, inviting the society in behalf of the Military Tract Homœopathic Medical Society to meet in Galesburg next year; R. S. Brigham, M. D., Cairo; L. C. Purington, M. D., Chicago.

DISCUSSION ON URETHRITIS.

Dr. L. C. Grosvenor said: Dr. Ludlam, before he left, requested me to take charge of the committee and promised me a report, but from a letter I hold in my hand, dated New York, he regrets his inability to perform his promise. I have had several cases of urethritis in elderly ladies that have given me much trouble. I should like to hear it discussed.

Dr. D. A. Colton, of Chicago, gave his experience.

Dr. R. N. Foster, of Chicago, said that in the treatment of any given case of urethritis, the first question to be determined by the physician was the peculiar cause of the inflammation. If the disease is of a "specific" character, enough is known at once to determine the treatment. All of us are sufficiently conversant with this form of urethritis and its management.

If the disease is due to the growth of a foreign body, such as polypus, in the urethra or at its orifice, the case is one for surgical treatment alone. The removal of the polypus by excision will effect a cure.

If the urethritis arises from pressure of the os uteri upon the neck of the bladder, as occurs in some cases of retroversion with enlarged os,

then must the retroversion and enlargement be corrected, when the urethritis will cease.

Again, the disease may arise from an eruption at or near the orifice of the urethra, or extending throughout the canal, or even into the bladder itself. Certain forms of herpes may thus cause an obstinate urethritis, and the treatment is consequently to be directed to the nature of the disease rather than to its locality.

Urethritis may also arise from an altered condition of the urine itself, this again being due to disease of the kidneys, or of the liver, or to a bad state of the blood. And finally, there may exist a true idiopathic inflammation of the mucous membrane of the urethra, accompanied or not by ulcerations of this membrane.

Now each one of these conditions requires a different treatment. Where there exists a urethral herpes or other eruptive disease, *Arsenicum* or *Iodide of arsenic* is often of great service; *Sulphur* also may aid in such cases. Where the acrid quality of the urine is the cause, the universal *acids* are of great value. The characteristic strong-smelling urine is a symptom of importance as indicating *Nitric acid*. That the quality of the urine may cause and inflamed state of the parts which it touches, especially near the orifice, is evident from the similar action of the secretions and excretions elsewhere in the body. Thus the tears sometimes "scald" the eyelids and nose and cheek. The nasal discharge is also frequently excoriating, as are likewise the various discharges from the skin. Simple urethral inflammation will be improved by *Aconite*, *Cantharides*, *Cannabis*, and *Elatarium*—the latter especially if the neck of the bladder is involved. Where ulceration exists *Mercurius corrosivus* stands at the head of the list.

Dr. J. S. Mitchell, Professor of Practice, Hahnemann Medical College, Chicago, gave his observations on this disease. In addition to the usual remedies indicated he had found great relief to follow local applications of *Hydrastis* with or without *Glycerin* diluted.

Dr. R. N. Tooker said: It has been my custom of late to employ in urethritis a procedure which has given me great satisfaction, especially in obstinate cases that had resisted internal medication and had reached the chronic stage. The prime indications seem to be, first, to allay the local irritation or inflammation, and second, to protect the over-sensitive mucous membrane from the irritating urine. To fulfill these indications I first evacuate the bladder and syringe out the urethra with tepid water. I then take a Lallemande Post-Caustique and charge the slot in the end of the piston with some kind of ointment, using according to circumstances and the nature of the case either *Oxide of zinc* or some of the *Mercurial* ointments, or just simple *Cerate*, and inserting the instrument within the urethra, I thrust out the ribbon and by a few turns smear the urethral walls throughout their entire surface. In this way the medicament is retained in contact with the inflamed surface for a considerable time and the surface is protected from the irritation of the urine. In this way I have cured many aggravated cases of severe urethritis in the female, and most obstinate cases of specific urethritis in the male.

Dr. S. P. Hedges said: Another remedial measure not yet mentioned for this disease is electricity. It was promptly curative after many physicians had failed, and in a case of long-standing. Patient, a lady of about fifty years; chronic inflammation of urethra; frequent micturation; very painful, scant, bloody urine; great tenesmus. One electrode (don't remember which) placed in urethra and other on the spine in lumbar region and over kidneys. Cure prompt and lasting.

Dr. T. C. Duncan related a case, of an old lady who had tried many physicians. There was also much pruritus. She took cold very easily and then an acute attack ensued, these were relieved by *Bell. Kreos.* also helped some, but none cured. Upon a careful examination he discovered a polypus in the urethra. This was removed and the urethritis and pruritus both disappeared as if by magic.

Dr. J. W. Hawkes said that until quite recently he had been unable to cure recent cases of urethritis (gonorrhœa) in less time than from three to five weeks. But that within a short period he had had better success in two well-marked and severe cases with the second dilution of *Merc. sol.*, given in pellet form. The first case had been of two weeks standing, and had been tinkered by the patient himself, without medical advice, with injections of various kinds, until his symptoms became to him alarming. The symptoms were, pain in the left testicle and along the cord; painful erections; not very profuse discharge; much nervousness and anxiety, and worse at night. The violent pain was relieved in a few hours, and the discharge stopped in four or five days to his intense astonishment and the patient's delight.

The second case was more recent, and had not been tampered with. The subject was a strong, healthy young man. There was very profuse discharge; phimosis, so that the glans could be exposed only with difficulty and pain; there was a hard and inflamed ring around the penis behind the glans, which seemed ready to ulcerate. Never saw a worse looking case. Prescribed same preparation of *Merc.*, and in addition, for the purpose of keeping clean the horrid looking thing, a wash (externally, not an injection) of one part *Glycerin*, one part dilute *Carbolic acid*, and ten parts water was ordered. In five days he reported, when it was found that the discharge had entirely ceased, the hard ring and the phimosis had disappeared, and the patient had no further trouble. Now, if the "wash" had been used as an injection, it might have been thought that it had acted as a suppressive, but such was not the case. I must add that in a third case, which had been tampered with for three or four weeks and in which the right testicle had become very much enlarged and inflamed, the chord, urethra, bladder, and kidneys involved. The remedy did not act so promptly, but did in three weeks finally have the desired effect. In this third case there was no discharge to speak of when the case came into my hands, and the distressing symptoms were not relieved till the discharge had been re-established.

The doctor said he had very promptly cured cases of gleet of several months standing (or running) with the higher preparations of *Sulphur*. but that he had unfortunately never been able to get good results from

the higher preparations of *Merc.*, probably on account of not having had good preparations.

The Association took a recess until 2 o'clock.

AFTERNOON SESSION — NEW MEMBERS.

The following were recommended for membership by the Board of Censors: S. Bishop, M. D., Moline; F. Duncan, M. D., Chicago; G. R. Parsons, M. D., Chebanse; L. S. Cole, M. D., Chicago; Mrs. A. P. Ketchum, M. D., Chicago.

The report was concurred in.

Dr. D. A. Colton read a paper on

DISEASES OF CHILDREN.

The president said that he had had a very large experience in the way of treating children. Living as he did in the country, very many little ones from the city were brought to Waukegan, which was blest with a fresh clear atmosphere, altogether removed from the malarial influences, which appeared to affect the level of Chicago. Children brought to the country from this city, he had frequently observed, were almost entirely bloodless, and their bowels were in a semi-dysenteric condition. Undoubted the pure air had much to do with their recovery, for very few cases result fatally. He used corn coffee, with milk added, as a diet, and found it very beneficial in effect. He had also used beef tea with excellent result.

Dr. L. Pratt, of Wheaton, also held pure air to be most efficacious, but doubted that corn coffee possessed any nutritious properties. It has an effect like *Carbo. veg.*

Dr. S. P. Hedges was an advocate of corn coffee, but he attached more importance to removal to pure air. *Æthusia* he had found a very valuable remedy in cholera infantum.

Dr. W. R. McLaren, of Oak Park, regarded the infant stomach as not a proper receptacle for foods containing starch, because the saliva of the infant was very deficient.

Dr. T. C. Duncan said that he divided his infant patients into two classes, the fleshy, and the thin. The former he classed as alkaline, the latter as acid. The first might take starch food and receive benefit from corn coffee. He admitted that children had not the saliva for the digestion of starch, but they had large pancreas, which even in infancy would digest a certain amount of starch. The acid, nervous class could not digest starchy food at so early an age as the other class.

One of the best foods for infants was Horlick's Food. Corn coffee did prove efficacious in preventing and correcting acidity. The carbon no doubt aided absorption and activity of the lymphatic system. The therapeutic value of toast was too little understood and appreciated.

OPHTHALMOLOGY.

Dr. W. H. Woodyatt, Professor of Ophthalmology, Hahnemann Medical College, Chicago, of the committee on ophthalmology gave a description of a case of divergent squint, resulting from a too free cutting of the internal rectus of a patient's eye. Originally the eye turned

inward, but after the operation, which was performed twelve years ago, it turned outward. He next gave a detailed account of the operation by means of which he succeeded in restoring the eyes to a state of parallelism. He took the muscle from its false position and transferred it to its former site. He also spoke of a number of cases of granulated lids that were cured by the use of a preparation of *Glycerin* and *Tannin*. In some of the cases they had become almost chronic, and the sight was so impaired as to necessitate the use of a guide.

Dr. E. W. Beebe, of Evansville, Wis., inquired if there was any cicatrization apparent when the eye was examined with oblique light.

Dr. Woodyatt replied there was none.

ELECTRICITY.

Dr. R. N. Tooker moved, in view of the interest taken in the subject of electricity at the present time, that a committee of three be appointed to report at the next meeting of the association on electricity. Carried.

Dr. D. A. Colton then read a paper on

"THE WATER WE DRINK — ITS RELATION TO DISEASE."

which was as follows :

I wish to say a word about the well water of our state. I have been led to do this after having seen some of the bad effects from drinking well water that was partly made up of water that had run in from the surface.

In many parts of our state, and especially in the outskirts of our city and its suburbs, where the lake water is not furnished, the well water is pregnated with vegetable or animal matters.

These matters are poisonous, and will produce their peculiar effects. Those of a vegetable origin having a miasmatic tendency; those of animal origin, effete or putrefaction occasion continued fevers, dysentery, or other diseases no less severe.

The reason of my calling attention to this is to propose a remedy, as nearly as may be; for it is impossible, or next to impossible, to prevent this surface water, in many cases, from finding its way into the wells.

My remedy is charcoal — powdered charcoal. I would have all the water for drinking and culinary purposes filtered through this carbonaceous, this deodorizing and disinfectant material.

A filter can be readily obtained or improvised, and I wish the physicians present, who need no such hints, would be careful to instruct those persons and sections within their reach who do need such instruction. For this question of what shall we drink is a vital one, and comes next to that of breathing, the matter of eating being only co-equal with that of drinking.

Dr. W. S. Johnson, of Hyde Park, advocated brick wells in preference to charcoal filters. He did not object to the use of charcoal, but he thought brick wells were preferable.

Dr. Colton — What are the depths of brick wells generally?

Dr. Johnson — About sixteen or eighteen feet for most part, and as

far as my experience goes, the brick filters the water better than charcoal.

Dr. N. F. Cooke spoke of the evil effects of galvanized iron upon water. The water kept in filters of this material was generally impregnated with *Zinc* in poisonous quantities.

Dr. T. C. Duncan also favored brick wells, believing that they contained the purest water, and was assured that if they were more generally used in the northwest, diseases of the bones would be materially reduced.

Dr. E. Parsons, of Kewanee, one of the committee on

CLINICAL MEDICINE,

read a paper on that subject. He premised by stating that he should not restrict himself to the clinical use of remedies, but dwell more generally on general principles. He had no miraculous cure to report by the administration of a single dose, and he was very sorry to say that he had not been very successful in the single-dose plan.

Without stopping to discuss the point whether the use of local applications possessing medical properties interfered with the curative influences of the drug internally used, he ventured to assert that the satisfaction to the patients more than counterbalanced all the evils resulting from their use. Possibly all the virtues, or nearly all, of local applications might consist in the calming influence they had on the mind of the patient, by satisfying him that something is being done. Even in our own school we find that physicians vary in their prescriptions, each one believing that his was the best and only true plan. He next dwelt at length upon the curative influence of faith in the practitioner, believing and asserting that this faith did more for the patient than the application of drugs. He cited numerous cases in proof of the statement, and concluded with the following observations:

Nature is the only great physician, and when she fails to respond to the efforts of her handmaids, then all efforts to serve our patients will be fruitless. There never was a cure performed and there never will be one, when nature does not lend a helping hand, and perform nearly all the work of curing. It behooves us then to study well the method that she adopts in removing disease, that we may the better assist her in her efforts to overcome all diseased conditions. She goes about her work with a precision and a regularity in the removal of disease as in all her operations, which, if we could imitate perfectly, would soon render us masters of the field, incurable diseases would be rendered as amenable to treatment as are the most simple forms of disease.

Dr. Grosvenor was of the opinion that remedies proved efficient regardless of the faith in the practitioner, and that the more successful they were in the application of remedies, the more successful would be the result.

Dr. G. D. Beebe being called on made an interesting report.

SECOND DAY.

The Association entered upon its second day's duties at 9:30 A. M.

After the Divine blessing had been invoked by the president, Dr. T. C. Duncan of the committee on diseases of children read a paper on

INFANTILE REMITTENT FEVER.

He said remittent fever was an English disease and had often been confounded with typhoid fever. By some it was looked upon as a gastric fever, and by others as a malarial fever, but both of these were misleading. This fever was very prevalent some years ago, and the symptoms were, languor; a dirty yellow color of the skin; a slight fever, which increased toward evening; pupils widely dilated, and the child generally became very uneasy. As the disease progressed, the high pulse, prostration, and general emaciation became marked. These were attended by intestinal irritation. This fever usually attacked children from three to seven years of age, while typhoid attacked them at the ages of from five to eleven years, the larger number of cases occurring between the ages of ten and eleven years. An injudicious diet was often the cause of relapse, and the disease was generally more alarming than fatal, but death from prostration was likely to occur in lymphatic subjects. The disease ran its course like typhoid, but might be arrested if judiciously treated in its early stages. After referring to the remedies to be used he observed that delirium frequently ensued in this fever, but convulsions were rare. In illustration of the treatment of the disease he referred to several cases which had come under his own notice.

SURGICAL MATTERS.

Dr. W. Danforth made a report on subjects coming within the range of the committee on surgery. He gave an elaborate and technical analysis of the causes which led to irritation of the bladder, and touched upon the various methods of treatment. He next went on to speak of the Hahnemann Hospital, and explained in detail the departments into which it was divided and how they were conducted. They were carrying on the work with all possible energy, and had been rewarded with good results. Over two hundred cases had been treated during the season, many of them interesting ones. He next adverted to abdominal and pelvic tumors, illustrating his remarks by means of a cast of a large tumor. In determining the character of doubtful cases, he remarked, rectal exploration was very important, although it was not yet recognized as a legitimate method in the books. After minutely explaining the manner of conducting such explorations, he proceeded to the

SUBJECT OF CANCERS

for the purpose of determining whether they were incurable or not, and the best mode of treatment.

To assist him in the consideration of this subject he called upon Professor Charles Adams, of Hahnemann College, who made some remarks, illustrated with black-board diagrams, on the microscopical examination of malignant tumors. The points of interest brought out were that the anatomy of growths was sufficiently character-

istic to enable the surgeon to pronounce definitely on their nature, and that examination should always be made of even apparently innocent growths.

Dr. G. A. Hall asked if a benign growth could ever become malignant. There was no settled opinion on this point, and he would like Professor Adams to express himself thereon.

Dr. Adams said there was no possible means of determining this. He very much doubted the truth of the assertion that such change took place, but he could not disprove it. It seemed more in accordance with the nature of things that as a tumor started it continued.

Dr. A. G. Beebe, of the committee on surgery, read a paper on

ORTHOPÆDIC SURGERY.

which he announced had only recently attained its proper prominence and recognized as a distinct branch of the profession. It was the art of curing the deformities of the common body, and not a field for brilliant operations or the exhibition of spread-eagle surgery. It was an act in which large anatomical and pathological knowledge was requisite. In speaking of infantile hernia and the appliances for its cure, he asserted that if this hernia could be kept in for a few weeks, at this period of life, that the tendency of nature was in the direction of cure. In regard to club feet he exhibited the want of a correct anatomical knowledge in the construction of the apparatus, and maintained that absolute rest was necessary in the case of all diseases of the joints. He held that children would thrive and get fat lying for months in a recumbent position. This rest was more necessary in curvature of the spine than in any of the other joint diseases, and he stated that apparatus could be devised which would so relieve the body as to allow the patient to take exercise, and no apparatus had yet been invented which would prevent the body from rotating on the hips.

Dr. S. P. Cole next presented a case for examination and prescription. The subject was a man who passed large quantities of blood, often in clots, by the bladder. There were indications of a tumor in the right hypochondrium. It seemed to enlarge previous to the hemorrhage attacks.

Pending the examination of this case the society adjourned.

AFTERNOON SESSION.

Vice-President Barker in the chair. The attendance was again large.

Dr. R. N. Tooker addressed the association on

SPINAL CURVATURE.

He said young ladies who had been in boarding-schools got into bad habits of sitting, which weakened one side of the body so that the shoulder became elevated. This was so bad in some cases that the organs in the thorax were so pressed upon as to produce serious affections of the heart. There were no means of reaching such disorders, except by mechanical means, and he described the couch he had successfully used for the cure of those curvatures.

Dr. J. A. Vincent of Springfield, of the committee on surgery, followed with the particulars of an operation performed on a case of

IRREDUCIBLE HERNIA.

The patient had previously been treated for bilious colic, and it was his opinion that, whenever there were symptoms of a bilious colic, a critical examination should be made, for often it was nothing less than strangulated hernia.

Dr. E. H. Pratt, of Wheaton, of the committee on anatomy, discoursed very eloquently on

ANATOMICAL ANOMALIES,

deviations in arteries, etc. He concluded his remarks with an interesting description of a post-mortem examination of the brain of a patient.

Dr. J. S. Mitchell, of the committee on clinical medicine, then went into a learned disquisition on

VALVULAR DISEASES OF THE HEART.

He instanced the case of a lady with calcareous degeneration of the valves of the pulmonary artery, and which caused congestion of nearly all the organs by the stagnation of the venous circulation. In another case he found a clot of fibrine in the right side of the heart, where it was altogether anomalous to find such a deposit. Dropsy followed in both cases, which he considered was induced by the impoverishment of the blood rather than by other causes. In disorders of the chest rest was very efficacious, especially in consumption and pleurisy, this might be secured by straps. Great caution was needed in the use of the aspirator in such affections; if any air remained in the cavity it would cause inflammation, and what was before a serous collection would become pustular. As a rule, there was little danger in serous effusions. Those new instruments, he said which were brought forward with such a flourish of trumpets were found almost useless in practice, and were laid on the shelf for an old method or something better which was to come. The aspirator served its purpose perfectly in the diagnosis of fluids in tumors.

OBSTETRICS.

Dr. S. P. Cole, of the committee on obstetrics, read an interesting report on the use of the forceps.

Dr. G. A. Hall, of the same committee, also presented a report on the same subject.

Dr. W. R. McLaren, of Oak Park, of the committee on diseases of children read a paper on

SCARLATINA.

The reason the disease was peculiar to children, he said, was owing to the fact that all organs are more liable to disease during the period of their physiological development—a transition state of great comparative activity, and therefore liable through and in consequence of the changes incident to their growth. The disease was both epidemic and contagious, but he did not accept the term specific poison, as poisons acted only in sensible quantities, and the symptoms were in proportion to the amount used. The activity of the contagious principle

might be influenced by various circumstances, such as constitutional idiosyncrasies, age, climate, etc. All children were not subject to the contagion. For all practical purposes the disease might be divided into two classes—the mild, and grave. He urged the necessity of careful watching of the disease; they should anticipate the sequelæ, which so often dated from the process of desquamation, though they quite frequently dated from some period in the stage of efflorescence, and insidiously developed themselves to appear during desquamation. He recommended the use of the clinical thermometer, especially in grave cases, for in his experience it was invaluable in all forms of fever. He reported a case of malignant scarlet fever where the child was delirious, alternating with a state of semi-stupor for four days, the rash being of a dusky hue. The pulse ranged from 160 to 182; temperature, 106. The case was successfully treated with *Ailanthus glandulosus*.

This report was discussed by Drs. Foster, Hall, Danforth, Burt, and Duncan.

Dr. Foster spoke of the value of innuoculation in this disease.

Dr. Hall had found much relief from the hot bath, but quite as much from innuoculation.

Dr. Danforth had tried both and believed that the hot bath was the most desirable.

Dr. Grosvenor preferred the hot bath. He called attention to *Merc. cyan.*

Dr. Duncan spoke of the necessity of close attention in the early stage of this disease. In the severe phase of angina, he called attention to *Cinabaris* as a remedy of value and one liable to be overlooked.

THE NERVOUS SYSTEM.

Dr. R. N. Foster, of the committee on physiology, next read a paper on "Co-ordination the Sole Function of the Nervous System." The paper at the outset treated on the anatomical structure, the doctor showing that the simplest elementary form of a nervous system was a cell and two fibers. There might be cells without fibers, or fibers without cells, but if so they were incomplete. No matter in what organism found, those cells and fibers did not differ in their minute structure. The fibers of the brain were finer than those of the sciatic nerve, but otherwise no difference could be observed. With regard to the anatomical distribution of the nerves, he observed that while one end of the fibre was connected with the cell, the other end was connected with something else. One of the fibers was always connected with an organ of sensation and the other with an organ of motion. The fiber in this way constituted the only functional link between these two organs. Whatever else might be said of the nervous system, they might confidently affirm that its function was to connect the sensitive with the motor organs.

Dr. A. W. Woodward read the following paper on

"EPIDEMICS AND EPIDEMIC REMEDIES."

During the late meeting of the American Medical Association, a resolution was adopted requesting Congress to instruct the Signal Service

Bureau, to report the ozonometric condition of the atmosphere together with the other daily reports that are made for the benefit of the public.

This resolution gives expression to the general dissatisfaction in the minds of scientific men, with all former theories regarding the causes of disease. The feeling is that we have erred in the past by looking too exclusively for the causes of disease in our immediate and visible surroundings. The filth of our cities should make them uninhabitable, if we reason from that as a cause. Yet the average of mortality is often greater in country districts.

Besides this stumbling-block, there is a still greater problem, which cannot be explained by local causes, in the travels of the Asiatic pestilence, which spreads over the surface of the earth where it will, regardless of all sanitary or quarantine measures. This and other such emigrating epidemics have forced medical men to look for more occult causes, less visible and more general in their influence than are the neighborhood surroundings.

As a result of such investigations it has been found that the oxygen of the atmosphere has different qualities or properties at different times, which properties are determined by the electrical condition prevailing. Thus we find electro-positive oxygen promotes decomposition, induces septic and putrid diseases—this is termed antozone—while electro-negative oxygen, which promotes oxidation, neutralizes specific ferments, stimulates vitality, and destroys contagion. This is termed ozone. And it is the presence of one or the other of these elements in excess which, it is now believed, bears a definite relation to the health of the community and governs the spread of epidemics.

It is no longer a question that the prevalence of cholera, yellow fever, small-pox, or scarlet fever, or other putrid diseases, in a malignant form, is attended by the absence of ozone and the presence of antozone in the atmosphere. And some are of the opinion that, if ozone could be stored up and distributed when needed, it would be a ready and universal specific for all forms of malignant disease. There is, I believe, a scheme now being developed for the manufacture of ozone in large quantities in this city. Such plans as this are visionary, if not ludicrous, but who shall say there is no truth in them.

It will probably be found that in times of health there is an equilibrium in the atmospheric condition—no great excess prevailing of either ozone or antozone. But there will occur seasons when this equilibrium will be destroyed, and one or the other element will be in great excess, and then we shall find sickness in one form or another prevalent throughout the land.

When we find sickness prevailing, we can always find an epidemic form underlying, if not prominently in view. Many different diseases may seem to prevail, yet a certain limited class of remedies are called for, whatever be the name of the disease.

After a time, without any interval of rest it may be, we observe a change of remedies is necessitated; though we may be treating the same diseases, the symptoms are changed and call for a different treatment.

The object of my paper is to call to your minds the experience of the past winter, as an illustration of the effects of an excess of ozone. Such has been the prevailing condition of the atmosphere to an unusual degree since the early autumn rains, and indeed before that time.

You will remember we have had much less than usual of small-pox, or so little as to be remarked by our board of health as due to thorough vaccination; it may be for that reason, but more likely from some other. You will also bear in mind we have had much less than usual of scarlet fever in its violent and unmistakable forms, and we have had much less than usual of putrid forms of disease generally.

But in their stead, while we have escaped these evils, we have had none the less of sickness to deal with, though there was less mortality, and, while our patients did not die, their sufferings were greater than usual.

The effects of ozone upon the healthy are in some degree similar to that of free laughing gas, or nitrous oxide. It is exhilarating in its primary action, but very soon proves extremely irritating to the air passages, causing sneezing and catarrhal discharges from the head, throat and lungs. Its influence upon the body is soon more generally apparent, by its power of inducing rapid oxidation. It changes the fluids of the body and increases the waste, so that there occurs an excess of acid throughout the tissues, that soon induces rheumatic pains, and congestions of various organs, simulating inflammation.

Such are the general effects of this element, and such has been largely the experience of the people of this city during the past six months.

Beginning in the fall with catarrhal affections unusually prevalent, we had, with increasing cold, an epidemic of rheumatism that touched every one more or less. It was peculiar in that it was erratic and seemed to locate chiefly in the muscles, especially along the spine. In some cases it invaded the cord or brain and produced convulsions that were soon fatal. In other instances it would settle on the lungs or heart, or the kidneys, ovaries, or testicles would seem to be the centre of distress. In two cases that came to my knowledge it located in the fascia of the lower limbs, after having tried other points first, and then began an extensive white swelling, simulating phlegmasia alba dolens. After a time this condition would be relieved and a new one would obtain. Of the many who have suffered, few have died, and in my experience few have been cured beyond the danger of a relapse. I trust others have had better success.

In this section of the country, we have usually found such remedies as *Ars.*, *Bry.*, and *Merc.*, among the first to be considered for any complaint. Many are the cases of rheumatism they have cured in former years. But in my experience, and it is that of some others, not one of these remedies could be relied on during the past winter; though they seemed indicated they would not do their work. They were either inert or they did harm.

If this is the general experience of the profession, it is significant of

their relation to the epidemic condition. They are better adapted to those forms of disease whose tendency is toward putrescence.

The remedies that have given me the most satisfaction were, first, early in the winter, *Rhus rad.* Later, during the extreme cold weather *Ammon. mur.* cured everything; even pneumonias yielded promptly to its influence. Then with the rainy season another change became necessary, and *Apis* gave better results.

During the past month the *Kalis* have worked well, especially Schussler's *Muriate of potash*, or his *Phosphate*.

Further study and observations of these epidemics will convince us that we must broaden our ideas of what an epidemic consists. We must learn that it is much more than simply one particular form of disease. It will probably lead us to the conclusion that Grauvogl reached, viz.: that in times of general sickness there is a controlling influence that modifies many different diseases, so that they become practically only different manifestations of one epidemic condition, all phases of which may be controlled by one remedy, if we can only find that one.

This last epidemic appeared in San Francisco about thirty days before it reached this city. It passed on and reached New England in less time, but everywhere it seems to have manifested much the same peculiarities, and to have been controlled by about the same class of remedies.

Let us unite in the study of these changing epidemics, and when we have determined their nature and their remedy, let us publish it at once for the benefit of the profession at large. Thus we can be of mutual benefit, and reflect credit upon our cause by more brilliant results.

The following resolution was proposed by Dr. T. C. Duncan, and was unanimously adopted:

Resolved, That the Illinois Homœopathic Medical Association hereby petition Congress to make a sufficient appropriation to the Signal-Service so that they will be enabled to report the variations in the electric and ozonic conditions of the atmosphere.

Dr. Duncan stated that the reason he put the resolution in the shape he did was that he learned from headquarters, and also from the signal officer at Chicago, that this service was looked upon as an experiment and received a stinted appropriation from congress. He was assured that if congress would grant the means, General Myer would give the electric and ozonic condition as is now given in Great Britain. He illustrated by the union of two parts *Permanganate of Potash* to three of *Sulphuric acid*, how ozone is made.

Dr. Lewis Dodge then read a voluminous paper on "Hygiene."
Adjourned.

SOCIABLE.

In the evening a sociable was held at the Palmer House, at which a large number of ladies and gentlemen were present. All seemed to enjoy the opportunity to get better acquainted.

THIRD DAY.

Vice-President Barker in the chair. Invocation, by Dr. T. C. Duncan. The following new members were elected: E. W. Taylor, M. D., C. B. Gatchell, M. D., L. Landridge, M. D., Helen E. Underwood, M. D., John W. Reynolds, M. D., J. H. Jordon, M. D., Ed. E. Sherman, M. D., Chicago; M. C. Sturtevant, M. D., Morris; E. W. Colburn, M. D., Peoria; T. D. Wadsworth, M. D., South Evanston.

MINERAL WATERS AS REMEDIES.

The following paper on "Mineral Waters as Remedies," was read by Dr. T. C. Duncan:

I would respectfully urge upon this society the duty we owe to the public and the profession to investigate and report upon the medical merits of mineral waters. They are being brought to public notice, and as we are so ready to recognize the harmful as well as the healthful effects of medicinal agents, we are best able to pronounce upon the true value of these waters. The public will try anything that promises relief, and it is politic at least to be able to counsel them upon this point aright. Mineral waters in Europe have long occupied a prominent place as remedial agents, and several of the waters have been proved by our physicians and their merits passed upon. The far-seeing Grauvogl urged attention to this matter of prime importance to us as a school. In this country several waters have been recognized as medicinal. Mineral waters are classified as alkaline, saline, sulphuret, chalybeat, calcic, etc. This crude division may satisfy Allopathic science, but not Homœopathic. Each water must be tested, and its merits stand on its clinical value, and not upon its ingredients. It is upon the effects of the totality of the ingredients and their peculiar combinations that the value of a water must rest. Hence we see that each water may, and no doubt does, possess merits of its own. Take some of our plants, that rank high as medical agents, and upon analysis they present an array of ingredients that is startling. Still it is upon the effects of the whole that we base our confidence in them as remedies. The mineral waters of Illinois are as yet few; in fact, they are but just coming into notice. I refer to the Western Springs Mineral Water, which has for some time been on draught on our streets. I have tested it upon myself, and watched its effects upon others, and the results fully establish its medicinal claims. Some of the cures wrought by this water are truly wonderful. I am of the firm conviction that mineral water will prove a valuable addition to our armamentation. Like true scientists, let us test before we approve or condemn.

CLIMATOLOGY.

Dr. H. P. Gatchell was here called upon for a report on Climatology, and in his stead Dr. C. B. Gatchell took up that subject, and dwelt on the severity of American climate generally on consumptives, for whom no earthly paradise had yet been found. Generally speaking, a dry climate was better than a moist one, and mountainous countries superior to low ones. Colorado best suited the weak lunged, so far as he had found. The evil with most consumptives who go there is that

they live just as they had been used to, changing neither food nor habits, and living in unventilated rooms. Traveling by wagon, living in the open air under canvass till October, was what was beneficial. Buy a piece of land, build a log cabin, and live in it through winter. This, for both sexes, would bring a cure, and would heal any consumptive if followed in the first stages. New Mexico was also nearly as good as Colorado. In reply to Mrs. Dr. Underwood, he said that his remarks would apply to the cure of chronic bronchitis.

DOSES.

An essay on "Dose; Its size and Repetition," was read by Dr. J. W. Hawkes, of Chicago, who deprecated the dissensions that existed not alone between the Homœopaths and the doctors of the old school, but also among the Homœopaths themselves.

A lengthy and interesting paper on "Hygiene and Hygienic Treatment for the Sick," was then read by Mrs. Helen J. Underwood, M. D., of Chicago.

Dr. H. P. Cole, of Chicago, followed with a paper on "Histology of the Mucous Membrane," after which he read one on the same subject by Dr. S. J. Bumstead, of Pekin, who was absent. Both papers were very scientific, and will be read with profit.

Dr. T. D. Williams, of Chicago, from the Committee on Chemistry, then presented a report.

TREASURER'S REPORT.

Dr. E. M. P. Ludlam, the Treasurer, reported that the cash in hand at the close of last session was \$77; paid out, \$86.85; collected, \$210; cash in hand, \$200.15.

On motion of the treasurer, it was resolved that those members who had paid their dues regularly for fifteen years should be elected honorary members; that those members who had removed from the State, and who had always been in good standing whilst residing in the State, should be made honorary members, and that those who had not paid their dues for the past two years should be dropped from the roll of the association.

The Treasurer was instructed to prepare a list of the members above referred to, and submit it at the next annual meeting of the association.

The report of the Treasurer was submitted to an Auditing Committee, consisting of Drs. Mitchell, Pratt, and Hoynes, who reported that they found the accounts correct. Adopted.

ON MEDICAL EDUCATION.

The following report of Hahneman College was then presented by the Dean, Dr. J. S. Mitchell:

In making my report for the Fifteenth Collegiate Year of Hahnemann Medical College and Hospital of Chicago, I have the honor to state that the Trustees and Faculty take pride in drawing attention to its record. Our class, numbering eighty six, was one of the largest we have ever had in attendance, and the grade of students the best, a larger proportion than usual being classical alumni.

The graduating class numbered thirty-five, and was composed of

those well qualified as practitioners of medicine and surgery. So satisfactory were the examinations passed, that the wish was expressed by members of the Faculty that all interested in a higher standard of medical education might examine the papers.

The design of the Faculty is to improve each course of instruction, and maintain the college in its position among the first institutions of medical learning in the country. They are united on the idea of placing the Hahnemann Medical College of Chicago foremost in all measures having reference to a higher standard of medical education.

Our regular term opened September 30, 1874, and closed February 11, 1875. Nearly six hundred lectures were given, more than one-fourth being clinical. The spring term commenced the second Thursday in March, and is just about closing. It has been attended by a class of twenty-five. Two hundred lectures have been given, more than one-third of which were clinical. This course has been very popular. It enables the student to obtain the greatest possible benefit from his lectures, as ample time is afforded for review and reading, there being no afternoon sessions.

Material additions have been made to our means for illustrating the various chairs. Prof. Pratt has now one of the most complete collections for illustrating osteology to be found in the country. Dr. Charles B. Gatchell, who inherits his father's gift for teaching, will act as demonstrator during the coming sessions. The new Dissecting law furnishes an ample supply of material. Prof. Ludlam, now in Europe, will enlarge his already abundant means for thoroughly illustrating his Chair with whatever of value can be obtained abroad which he does not now possess. Our clinical material is more abundant than formerly, the dispensary and hospital enabling each Clinical Professor to illustrate his lectures fully. Our alumni and other medical friends have rendered us valuable assistance by sending cases difficult to diagnose and requiring important operations.

The graded course, requiring three years' attendance, has been rearranged, and is thought now to be as well adapted as possible to the wants of all desiring a thorough medical education. The attention of preceptors and students is especially directed to this feature. We no longer follow the old method of compelling a student to listen to the same lectures each year, but he may pass from the more elementary to the practical branches in regular order, being examined and accredited efficient in the studies of each year. A two-years' course is arranged by including in the first year the studies of the two first years of the three-years' course. It is hoped by the Faculty that the number entering the three-years' course will be largely increased during the subsequent sessions. The fees for those attending the three-years' course are no more than those taking the two-years' course.

The next regular winter session (the sixteenth) will be inaugurated on the evening of October 6, 1875, and continue until the second Thursday of February, 1876.

The income of the college was larger last year than during any year in its previous history. The surplus above expenses is divided among

the Professors, and by nearly all devoted to adding to means for illustrating their Chairs. It is the intention of the Faculty to devote our increasing means to make each Chair completely illustrated.

Dr. T. S. Hoyne then presented a report giving the statistics of Illinois.

The reports of Institutions. Half Orphan Asylum, Home of the Friendless, and Foundlings' Home, were referred.

Dr. A. E. Ballard would add another, the House of Refuge. He had been physician to it for two years.

Dr. A. E. Small presented the following memorial resolutions :

WHEREAS, In the dispensation of Divine Providence our beloved brethren, H. C. K. Boardman, M. D., F. Hall, M. D., J. Daum, M. D., R. B. Briggs, M. D., and J. H. Kennedy, M. D., have been removed from our midst,

Resolved, That in their death we deplore the loss of faithful, intelligent, earnest, and honored members; skillful, enthusiastic physicians, and kind, beloved friends. In their death our society has lost a pillar of strength, medical science enthusiastic workers, and society worthy friends and advisers.

Resolved, That we deeply sympathize with the families in their bereavement, and extend to them the condolence of the Illinois Homœopathic Medical Association.

Resolved, That these resolutions be entered upon the records of our society, and that a copy be sent to the families.

LEGISLATION.

Dr. J. A. Vincent, of Springfield, of the Committee on Legislation, submitted the following :

The report of your Committee on Legislation is necessarily brief. Very little was accomplished as aggressive legislation, but very much in the way of defeating unfriendly measures during the last session of the Legislature. There were five bills introduced in the two houses, for the regulation of the practice of medicine and surgery, three of which were aimed directly at Homœopathy. The other two were not particularly objectionable, but while that was the case, they were without merit, and their enactment would have been of no advantage to any school of medicine, nor the people generally. Consequently, your Committee succeeded in having them all sent to committees, and there allowed to die. Our Dissecting bill remains a law. We made an effort to have its provision extended to cities of 20,000 and upward, so we might all share in its benefits, but failed in consequence of the inharmonious and turbulent condition of the lower house, and much needed and useful legislation was defeated from the same cause.

Adopted.

Dr. T. R. Nute, of Chicago, tendered his resignation as member, which was accepted.

The following was then presented :

I hereby give notice that at the next annual session of this society, I will offer an amendment to the Constitution for semi-annual sessions, one to be held outside of Chicago, at such place as the society shall designate.

JOHN A. VINCENT.

On motion of Dr. A. G. Beebe, it was resolved that all reports should hereafter be submitted to the society in writing. Adopted.

The Association then went into an

ELECTION OF OFFICERS,

with the following result :

PRESIDENT — J. S. Mitchell, M. D., Chicago.

FIRST VICE-PRESIDENT — J. A. Vincent, M. D., Springfield.

SECOND VICE-PRESIDENT — T. S. Hoyne, M. D., Chicago.

THIRD VICE-PRESIDENT — E. Parsons, M. D., Kewanee.

TREASURER — E. M. P. Ludlam, M. D. Chicago.

SECRETARY — T. C. Duncan, M. D., Chicago.

BOARD OF CENSORS — L. Pratt, M. D., Wheaton; F. H. Van Liew, M. D. Aurora; D. S. Smith, M. D., Chicago; W. C. Barker, M. D., Waukegan; A. E. Small, M. D., Chicago.

SCIENTIFIC COMMITTEES.

The Secretary read the following committees, appointed by the Chair to report at the next meeting of the association :

CLINICAL MEDICINE — J. S. Mitchell, M. D., Chicago; L. Pratt, M. D., Wheaton; J. Keck, M. D., Barrington; F. H. Van Liew, M. D., Aurora; R. B. Johnson, M. D., Morrison.

OBSTETRICS — G. A. Hall, M. D., Chicago; S. P. Cole, M. D., Chicago; C. N. Dorion, M. D., Chicago; Mrs. L. C. Purington, M. D., Chicago; T. Baemeister, M. D., Toulon.

DISEASES OF WOMEN — R. Ludlam, M. D., Chicago; G. D. Beebe, M. D., Chicago; M. B. Campbell, M. D. Joliet; Mrs. A. P. Ketchum, M. D., Chicago.

DISEASES OF CHILDREN — T. C. Duncan, M. D., Chicago; S. P. Hedges, M. D., Chicago; E. M. P. Ludlam, M. D., Chicago; W. R. McLaren, M. D., Oak Park; J. P. Mills, M. D., Chicago; D. A. Colton, M. D., Chicago.

SURGERY — W. Danforth, M. D., A. G. Beebe, M. D., C. Adams, M. D., Chicago; E. Parsons, M. D. Kewanee; J. A. Vincent, M. D., Springfield.

OPHTHALMOLOGY — W. H. Woodyatt, M. D., Chicago; S. J. Ricker, M. D., Aurora; E. W. Beebe, M. D. Evansville, Wis.

ANATOMY — E. H. Pratt, M. D., Wheaton; C. H. Adams, M. D., Aurora; Thomas Eckles, M. D., Sterling.

PHYSIOLOGY — R. N. Foster, M. D., Chicago; C. B. Gatchell, M. D., Chicago; J. Harts Miller, M. D., Abingdon.

PATHOLOGY — A. W. Woodward, M. D., Chicago; J. Landridge, M. D., Chicago; S. Bishop, M. D., Moline; W. C. Sturtevant, M. D., Morris.

HISTOLOGY — H. P. Cole, M. D., Chicago; H. R. Stout, M. D., Chicago; S. J. Bumstead, M. D., Pekin.

HYGIENE — L. Dodge, M. D., Chicago; E. Spork, M. D., Chicago; Mrs. H. J. Underwood, M. D., Chicago; M. S. Carr, M. D., Galesburg.

MATERIA MEDICA — T. S. Hoyne, M. D., W. J. Hawks, M. D., W. H. Burt, M. D., T. J. Merriman, M. D., H. B. Fellows, M. D., Chicago; G. W. Foote, M. D., Galesburg; A. E. Ballard, M. D., Chicago.

ELECTRICITY — R. N. Tooker, M. D., N. F. Cooke, M. D. Chicago; W. S. Johnson, M. D., Hyde Park.

CLIMATOLOGY — R. S. Brigham, M. D., Cairo; H. P. Gatchell, M. D., Kenosha, Wis.; T. J. Merriman, M. D., Aledo.

PSYCHOLOGY — O. H. Mann, M. D., Evanston; C. D., Fairbanks, M. D., Englewood; S. E. Trott, M. D., Wilmington.

CHEMISTRY AND PHARMACY — H. N. Small, M. D., Chicago; J. J. Gasser, M. D., Blue Island; T. D. Williams, M. D., Chicago.

MEDICAL JURISPRUDENCE — J. R. Kippax, M. D., Maywood.

MEDICAL EDUCATION — J. S. Mitchell, M. D., Chicago.

STATISTICS — T. S. Hoyne, M. D., Chicago.

NECROLOGY — A. E. Small, M. D., Chicago.

MEDICAL LITERATURE — Frank Duncan, M. D., Chicago.

PROVINGS — E. M. Hale, M. D., Chicago; J. E. Gilman, M. D., Chicago; Mrs. M. A. Skidmore, M. D., Polo; N. B. Delamater, M. D., Chicago; L. Bedford, M. D., Chicago.

LEGISLATION — J. A. Vincent, M. D., Springfield; G. W. Foote, M. D., Galesburg; E. M. McAfee, M. D., Mt. Carroll; G. D. Beebe, M. D., Chicago; D. S. Smith, M. D., Chicago; T. C. Duncan, M. D., Chicago.

ARRANGEMENTS — T. S. Hoyne, M. D., J. S. Mitchell, M. D., S. P. Hedges, M. D., A. W. Woodward, M. D., J. W. Streeter, M. D.

DELEGATES.

The following delegates to the American Institute of Homœopathy were appointed: D. S. Smith, M. D., J. W. Streeter, M. D., J. S. Mitchell, M. D., T. C. Duncan, M. D., A. E. Small, M. D., S. P. Cole, M. D., Chicago; F. H. Van Liew, M. D., Aurora; J. A. Vincent, M. D., Springfield; W. C. Barker, M. D., Waukegan; G. D. Beebe, M. D., Chicago.

Western Academy of Homœopathy — J. S. Mitchell, M. D., Chicago; J. A. Vincent, M. D., Springfield; G. W. Foote, M. D., Galesburg; E. M. McAfee, M. D., Mt. Carroll; T. S. Hoyne, M. D., T. C. Duncan, M. D., Chicago; S. Bishop, M. D., Moline.

The following delegates were appointed to the State Societies:

Wisconsin — W. C. Barker, M. D., Waukegan.

New York — T. C. Duncan, M. D., Chicago.

Pennsylvania — W. J. Hawks, M. D., Chicago.

Massachusetts — L. C. Grosvenor, M. D., Chicago.

Ohio — G. A. Hall, M. D., Chicago.
 Michigan — N. F. Cooke, M. D., Chicago.
 Indiana — S. P. Cole, M. D., Chicago.
 Rhode Island — D. A. Colton, M. D., Chicago.
 Connecticut — W. Danforth, M. D., Chicago.
 Maine — W. D. McAfee, M. D., Rockford.
 New Hampshire — T. J. Merriman, M. D., Aledo.
 Vermont — E. Parsons, M. D., Kewanee.
 Minnesota — L. E. Ober, M. D., LaCrosse, Wis.
 Missouri — A. H. Potter, M. D., Maquoin.
 Iowa — E. M. McAfee, M. D., Mt. Carroll.
 California — L. Pratt, M. D., Wheaton.
 Canada — W. H. Woodyatt, M. D., Chicago.
 German — Ernest Kniepcke, M. D., Chicago.
 British Congress — R. Ludlam, M. D., Chicago.

THE PRESIDENT'S VALEDICTORY.

The President then said :

I was called upon, gentlemen, by accident to preside. I have done my best, and if I have made any mistakes it has been an error of the heart and not of the head. [Roars of laughter.] I should say, an error of the head and not of the heart. [Applause.] I have been present at every meeting of this Association since its inauguration, and I think we should manifest the interest we take in the Association by being present. When we come from the country and discover the absence of the old war-horses we have known for these twenty and twenty-five years, we feel discouraged, and begin to think that the interest is flagging in the city. I feel that so long as the society holds its meetings in Chicago, the physicians here should make it a point to get up an interest in the society, and give an exhibition of that interest by their presence. The presence of the Chicago physicians gives courage to those from the country. We are making sacrifices in coming here, and we like to see the faces that are familiar — the faces that we have so often met. If the Chicago physicians would display the same interests as do those from the country, in the place of every fifteen or twenty who attend these meetings, there would be hundreds. I have nothing further to say, more than to thank you for the kind and considerate manner in which you have supported me in the performance of the onerous duties you selected me to perform, and to hope that our next annual gathering will be characterized by the same harmonious and friendly relations which have been patent here during the past few days to the most superficial observer. [Applause.]

VOTES OF THANKS

having been accorded to Potter Palmer for the use of the room, and to the press for their reports, the association adjourned to the third Tuesday in May, 1876.

Thus closed one of the most harmonious and profitable meetings yet held.

T. C. DUNCAN, Secretary.

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THIS NUMBER closes this volume (I., New Series). We are all very much obliged to the long list of contributors who have entertained us with so much interesting reading during the past six months, and hope to see all their names, with many more, on the list of contributors for Vol. II.

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A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

JUNE 15, 1875.

CONTENTS.

THERAPEUTICAL DEPARTMENT.

Clinical observations from the field, at
Chebanse, Ill.; Decorah, Ia.; Hono-
lulu, H. I.; San Francisco, Cal.; Ne-
braska City, Neb.; Churchtown, Pa.;
Denver, Col.; Beardstown, Ill. 507

Cures made with *Saliz niger* 509

Would not have Cured 510

Action of Remedies 510

A Diphtheritic Record 511

Experience with Diphtheria 511

Some Practical Observations — Expe-
rience with Vaccination 512

Vienna School on Vaccination 513

Genuine and Regular Vaccine Pustules 515

Utility of Vaccine 517

On Glossitis vs. (Edema of the tongue. 519

That (Edema of the tongue 520

MATERIA MEDICA DEPARTMENT.

The Eucalyptus as a Hygienist 522

Medical Criticism—The Schussler Rem-
edies Defended, etc 523

CHILDREN'S DISEASES.

About that Case of Footache 524

SOCIETY PROCEEDINGS.

The Illinois Homeopathic Medical As-
sociation —

Who was there 526

The Annual Address 527

Discussion on Urethritis 528

Diseases of children, and their treat-
ment 531

Divergent squint 531

The water we drink — its relation to
disease 532

Clinical medicine 533

Infantile remittent fever 534

Report of the Surgical Bureau—irri-
table bladder — cancer — orthope-
dic surgery — spinal curvature — ir-
reducible hernia 536

Valvular disease of the heart 536

Scarlatina 536

The nervous system 537

Epidemics, and epidemic remedies. 537

Treasurer's report 542

On medical education 542

Legislation in Illinois 544

Election of officers — appointment
of committees and delegates 545

Business Notes 548

Index to Volume I., New Series.

List of Contributors

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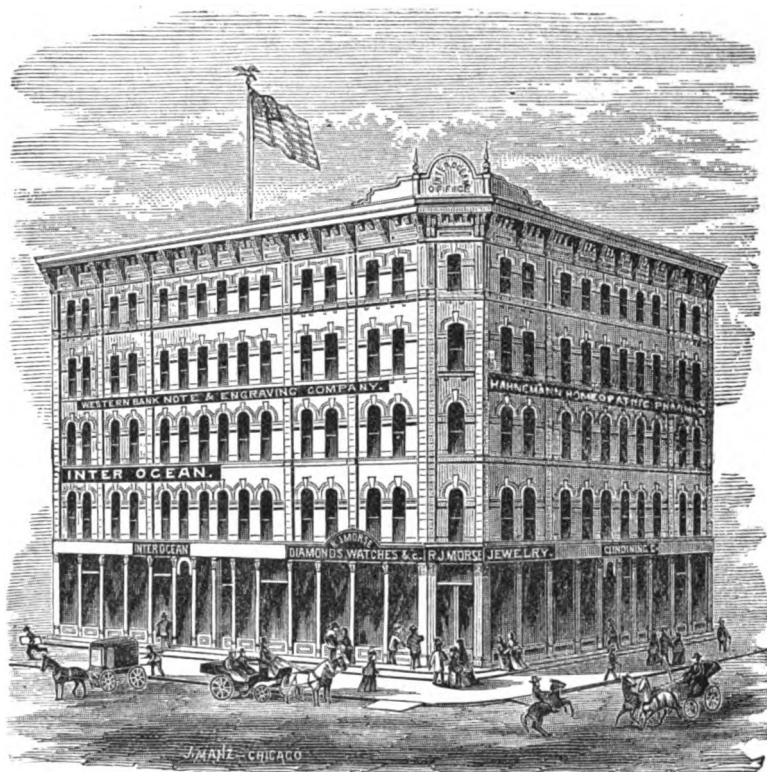
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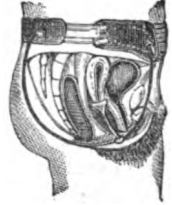
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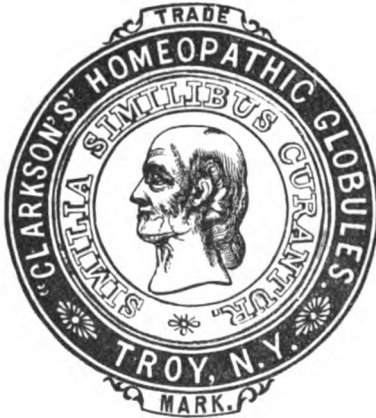
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